

Receivable Detail Report

Run Time: 2023/02/01 12:47:50 PM



| Customer Profile         |                          | Market Info & Account Profile |                |
|--------------------------|--------------------------|-------------------------------|----------------|
| <b>Name:</b>             | SUNRISE AUTO OUTLET      | <b>Market:</b>                | Long Island    |
| <b>Dealer #:</b>         | 146143                   | <b>Market Phone:</b>          | (516) 993-9911 |
| <b>Address Line 1:</b>   | 189 Sunrise Hwy          | <b>Dealer Status:</b>         | NL             |
| <b>Address Line 2:</b>   |                          | <b>Lot Audit:</b>             | Complete       |
| <b>City, State, ZIP:</b> | Amityville, NY 117012509 | <b>Unapplied Funds:</b>       | \$0.00         |
| <b>Phone:</b>            | (631) 842-3200           | <b>Reserve Funds Balance:</b> | \$300.00       |
| <b>Fax:</b>              | (n/a) -                  |                               |                |

| Fee Type  | Description                       | Amount Due     | Date Incurred |
|---|-----------------------------------|----------------|---------------|
| Collateral Audit  | Audit Date: 1/23/2023 12:00:00 AM | \$95.00        | 2023/02/06    |
| <b>Total Account Charges for SUNRISE AUTO OUTLET (146143)</b> |                                   | <b>\$95.00</b> |               |

| LOC Type  | Approved Credit       | Temp. Credit  | Temp. Expiration | Total Credit          | Outstanding Principal | Pending       | Credit Available    | Term Plan                            |
|---|-----------------------|---------------|------------------|-----------------------|-----------------------|---------------|---------------------|--------------------------------------|
| Retail  | \$1,500,000.00        | \$0.00        |                  | \$1,500,000.00        | \$549,010.25          | \$0.00        | \$950,989.75        | NY D60/30/30 -- F0 -- R6.0 -- C%5/10 |
| <b>Total Lines of Credit for SUNRISE AUTO OUTLET (146143)</b> |                       |               |                  |                       |                       |               |                     |                                      |
|   | <b>\$1,500,000.00</b> | <b>\$0.00</b> |                  | <b>\$1,500,000.00</b> | <b>\$549,010.25</b>   | <b>\$0.00</b> | <b>\$950,989.75</b> |                                      |

5875

## Inventory for SUNRISE AUTO OUTLET (146143)

| Floor Date            | Days | Last Paid  | VS  | Vehicle Description      | Col or | VIN               | Stk # | TS | Due        | Disb | Source     | Original Amount     | Principal Balance   | One Day Balance | Fee           | Interest          | Collateral Protection | Other             | Total               |
|-----------------------|------|------------|-----|--------------------------|--------|-------------------|-------|----|------------|------|------------|---------------------|---------------------|-----------------|---------------|-------------------|-----------------------|-------------------|---------------------|
| 11/25/2022            | 68   | 01/24/2023 | STK | 2016 AUDI Q3 PRM         | Whi    | WA1EFCFSXGR007004 | 2     | FR | 02/23/2023 | S    | Manheim Pe | \$17,470.00         | \$16,596.50         | \$0.00          | \$0.00        | \$59.11           | \$23.76               | \$100.00          | \$16,779.37         |
| 12/02/2022            | 60   | 01/31/2023 | STK | 2019 MERCEDES C-CLASS C  | Blu    | WDDWJ8EBXKF826568 | 6     | FR | 03/02/2023 | S    | Manheim Pe | \$31,955.00         | \$30,357.25         | \$0.00          | \$0.00        | \$13.49           | \$5.43                | \$100.00          | \$30,476.17         |
| 12/02/2022            | 60   | 01/31/2023 | STK | 2018 AUDI Q7 PRM         | Whi    | WA1LAAF74JD052689 | 7     | FR | 03/02/2023 | S    | Manheim Pe | \$29,725.00         | \$28,238.75         | \$0.00          | \$0.00        | \$12.55           | \$5.05                | \$100.00          | \$28,356.35         |
| 12/02/2022            | 60   | 01/31/2023 | STK | 2018 AUDI A3 PRM         | Bla    | WAUJ8GFF3J1059635 | 8     | FR | 03/02/2023 | S    | Manheim Pe | \$22,245.00         | \$21,132.75         | \$0.00          | \$0.00        | \$9.39            | \$3.78                | \$100.00          | \$21,245.92         |
| 01/11/2023            | 20   |            | STK | 2017 ROLLS-ROYCE DAWN    | Blu    | SCA666D53HU102728 | 9     | FR | 03/13/2023 | S    | Manheim Pe | \$189,305.00        | \$189,305.00        | \$0.00          | \$0.00        | \$1,774.87        | \$675.82              | \$118.00          | \$191,873.69        |
| 01/18/2023            | 14   |            | PAS | 2019 JEEP CHER LTD       | Whi    | 1C4PJMDX1KD463867 | 10    | TA | 03/20/2023 | S    | Manheim Ne | \$21,625.00         | \$21,625.00         | \$0.00          | \$0.00        | \$135.06          | \$51.47               | \$118.00          | \$21,929.53         |
| 01/20/2023            | 11   |            | STK | 2016 MERCEDES GLE350W4   | Whi    | 4JGDA5HB8GA763143 | 11    | FR | 03/21/2023 | S    | Manheim Pe | \$24,955.00         | \$24,955.00         | \$0.00          | \$0.00        | \$133.51          | \$50.91               | \$118.00          | \$25,257.42         |
| 01/20/2023            | 11   |            | PAS | 2017 MASERATI GHIBLI S Q | Unk    | ZAM57RTLXH1231694 | 12    | TA | 03/21/2023 | S    | Manheim Pe | \$29,010.00         | \$29,010.00         | \$0.00          | \$0.00        | \$155.19          | \$59.18               | \$118.00          | \$29,342.37         |
| 01/20/2023            | 11   |            | PAS | 2015 BMW 650IX MSPT      | Sil    | WBA6B4C58FD760985 | 13    | FR | 03/21/2023 | S    | Manheim Pe | \$34,485.00         | \$34,485.00         | \$0.00          | \$0.00        | \$184.46          | \$70.35               | \$118.00          | \$34,857.81         |
| 01/20/2023            | 11   |            | STK | 2017 BMW X4 28IX XL      | Red    | 5UXXW3C38H0T80171 | 14    | FR | 03/21/2023 | S    | Manheim Pe | \$25,770.00         | \$25,770.00         | \$0.00          | \$0.00        | \$137.87          | \$52.57               | \$118.00          | \$26,078.44         |
| 01/20/2023            | 11   |            | PAS | 2019 MERCEDES-B C300W4   | Bla    | 55SWF8EB2KU290410 | 15    | TA | 03/21/2023 | S    | Manheim Pe | \$27,700.00         | \$27,700.00         | \$0.00          | \$0.00        | \$148.19          | \$56.51               | \$118.00          | \$28,022.70         |
| 01/20/2023            | 11   |            | PAS | 2020 FORD F150 K/R       | Red    | 1FTEW1E45LFB57014 | 16    | FR | 03/21/2023 | S    | Manheim Pe | \$44,200.00         | \$44,200.00         | \$0.00          | \$0.00        | \$236.40          | \$90.17               | \$118.00          | \$44,644.57         |
| 01/20/2023            | 11   |            | STK | 2015 BMW X5 35IX         | Unk    | 5UXKR0C57F0K68296 | 17    | FR | 03/21/2023 | S    | Manheim Pe | \$19,550.00         | \$19,550.00         | \$0.00          | \$0.00        | \$104.62          | \$39.88               | \$118.00          | \$19,812.50         |
| 01/20/2023            | 11   |            | STK | 2019 MASERATI GHIB S Q4  | Bla    | ZAM57YTA4K1314330 | 18    | FR | 03/21/2023 | S    | Manheim Pe | \$36,085.00         | \$36,085.00         | \$0.00          | \$0.00        | \$193.02          | \$73.61               | \$118.00          | \$36,469.63         |
| <b>Total Retail</b>   |      |            |     |                          |        |                   |       |    |            |      |            | <b>\$554,080.00</b> | <b>\$549,010.25</b> | <b>\$0.00</b>   | <b>\$0.00</b> | <b>\$3,297.73</b> | <b>\$1,258.49</b>     | <b>\$1,580.00</b> | <b>\$555,146.47</b> |
| <b>Unit Count: 14</b> |      |            |     |                          |        |                   |       |    |            |      |            |                     |                     |                 |               |                   |                       |                   |                     |



## Dealer Floored Units Report

### Dealer Profile

**Name:** NORTHSHORE MOTOR LEASING LLC  
**Dealer ID:** 100414821  
**Address Line 1:** 180 MICHAEL DR  
**City, State, Postal Code:** Syosset, NY 11791  
**Dealer Contact:** Anthony Deo  
**Email:** anthonyd@northshoremotors1.com  
**Phone Number:** (516) 509-1668

### Location Information

**Region:** NorthEast  
**State:** NY  
**Regional Manager:** Michael Kelly  
**Area Manager:** Jessica Kawecki

### Report Information

**Report Start Date:** 2022/08/01  
**Report End Date:** 2023/01/31  
**Total Floored Units:** 4  
**Total Floored Cost:** \$111,237.50  
**Total Paid Fees:** \$0.00  
**Total Paid Interest:** \$0.00  
**Total Paid WIP:** \$0.00

| Activation Date | Credit Limit | Credit Utilization | Reserve Amount | Per Car Reserve | Interest Rate | Term Days | Curtailments | Fees                    |
|-----------------|--------------|--------------------|----------------|-----------------|---------------|-----------|--------------|-------------------------|
| 2022-12-05      | \$650,000.00 | \$110,519.50       | \$0.00         | \$100.00        | 13.00%        | 60/30/30  | 5%/5%/90%    | \$90.00/\$75.00/\$75.00 |

| Floored Date | Vin                | Year | Color | Make | Model        | Floored Amount | Outstanding Principal | Principal Paid | Fees Paid | Interest Paid | WIP Paid |
|--------------|--------------------|------|-------|------|--------------|----------------|-----------------------|----------------|-----------|---------------|----------|
| 2022-12-23   | WA1L2AFP0GA040272  | 2016 | GREY  | AUDI | Q5 PRM +     | \$18,075.00    | \$18,075.00           | \$0.00         | \$0.00    | \$0.00        | \$0.00   |
| 2022-12-23   | WAUHGAF5C5GN009650 | 2016 | BLACK | AUDI | A6 PRES      | \$21,650.00    | \$21,650.00           | \$0.00         | \$0.00    | \$0.00        | \$0.00   |
| 2022-12-27   | WBA7F2C5XJB238313  | 2018 |       | BMW  | 7 SERIES 750 | \$45,717.50    | \$44,999.50           | \$718.00       | \$0.00    | \$0.00        | \$0.00   |
| 2023-01-27   | 5UXKT0C31H0V96834  | 2017 | WHITE | BMW  | X5 40EX XLN  | \$25,795.00    | \$25,795.00           | \$0.00         | \$0.00    | \$0.00        | \$0.00   |



**Non Personal Signature Card**

Date: 3/15/23

|                      |  |                                      |  |
|----------------------|--|--------------------------------------|--|
| <b>Business Name</b> | 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet | <b>Tax ID</b>                        |  |
| <b>Address</b>       | 189 Sunrise Highway, Amityville, NY 11701        |                                      |  |
| <b>Reference #</b>   | <b>Account Title / Account Subtitle</b>          | <b>Account #<br/>(Bank Use Only)</b> |  |
| (1) 2023031501       | 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet | 9766                                 |  |
| (2)                  |  |                                      |  |
| (3)                  |  |                                      |  |
| (4)                  |  |                                      |  |
| (5)                  |  |                                      |  |

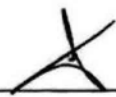
Check this box if additional Accounts are to be opened and are listed on additional pages.

The undersigned agree to the by-laws and the rules and regulations of Flushing Bank ("the Bank"), to any future amendments and additions to them, and to any laws and regulations binding on the Bank. The undersigned acknowledge receipt and review of the Bank's disclosures statement and Privacy Notice and agree to the terms and conditions governing this account:

The undersigned authorize the Bank to investigate credit and employment history and obtain reports from consumer reporting agency (ies) on them as individuals. Except as provided by law or another agreement, each of the undersigned is authorized to make withdrawals from the account(s).

The undersigned agree that the Bank is authorized and empowered to charge this account for any loan or other indebtedness the Business owes to the Bank. In order to make payment on each withdrawal, check or Money Order, the Bank will require such authorized signatures as are appropriate, based on this and any other agreements or instructions the Bank has on file.

**CERTIFICATION:** Under penalty of perjury, I certify (1) that the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), (2) that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) that I am a U.S. citizen or other U.S. person; and (4) that the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.**CERTIFICATION INSTRUCTIONS:** You must cross out Item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. You are not required to sign the Certification for mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends.. (Also see Part 3 of W-9 instructions or similar disclosure).**CERTIFICATION:** The undersigned certify that all account opening information provided is accurate and complete. Exemption from FATCA Reporting Code: \_\_\_\_\_**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal Law requires us to obtain sufficient information to verify your identity. We may ask you several questions and we may require one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our Privacy Policy and Federal Law.

|  |   |   |
|--|---|---|
| <b>Signer # 1</b><br>(Individual Owner if Sole Proprietorship) | <b>Full Name</b><br>Anthony Deo   | <b>Signature</b><br> |
| <b>Date</b><br>3/17/23   | <b>Reference #</b><br><input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6 | <b>Reference #</b>  |
| <b>Signer # 2</b><br>(Non-Owner if Sole Proprietorship)        | <b>Full Name</b>  | <b>Signature</b>  |
| <b>Date</b>  | <b>Reference #</b><br><input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6            | <b>Reference #</b>  |
| <b>Signer # 3</b><br>(Non-Owner if Sole Proprietorship)        | <b>Full Name</b>  | <b>Signature</b>  |
| <b>Date</b>  | <b>Reference #</b><br><input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6            | <b>Reference #</b>  |
| <b>Signer # 4</b><br>(Non-Owner if Sole Proprietorship)        | <b>Full Name</b>  | <b>Signature</b>  |
| <b>Date</b>  | <b>Reference #</b><br><input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6            | <b>Reference #</b>  |
| <b>Signer # 5</b><br>(Non-Owner if Sole Proprietorship)        | <b>Full Name</b>  | <b>Signature</b>  |
| <b>Date</b>  | <b>Reference #</b><br><input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 6            | <b>Reference #</b>  |

Check this box if additional Signers are listed on additional pages.

This Signature Card supersedes and terminates the Signature Card dated \_\_\_\_\_ and any related Signature Card Addendums.



**FLUSHING**  
Bank**Resolution of Authority | Flushing Bank**☒ New ☐ ChangeAccount Title: 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet  
Entity Address: 189 Sunrise Highway, Armonk, NY 11701FDN Number: [REDACTED]  
Telephone Number: 631-842-3209

The individual(s) signing this Resolution hereby certifies to Flushing Bank, ("Bank") that the Entity is (check one):

☐ a Sole Proprietorship owned entirely by the individual signing this Resolution a duly formed and valid existing

☐ a General Partnership

☐ a Limited Partnership

☐ a Service Award Trust organized by the Trustees of the \_\_\_\_\_ of \_\_\_\_\_ and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of its records

☐ a Limited Liability Partnership organized under the laws of the state of \_\_\_\_\_ and that the individuals signing this Resolution constitute all of the general partners of the partnership

☐ a Corporation duly organized and in good standing under the laws of the state of \_\_\_\_\_ and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of the records and corporate seal, if any;

☐ an Unincorporated Association or Organization and that the individuals signing this Resolution is the keeper of the records and seal, if any;

☒ a Limited Liability Company organized under the laws of the state of NY and that the individuals signing this Resolution constitutes all of the members or managers, as appropriate of the company.

The following is a true and correct copy of the resolutions adopted by the Entity, such resolutions are now in full force and effect

**Depository and Withdrawal Authorization**

RESOLVED, that Bank is designated a depository in which the funds of the Entity may be deposited and for withdrawn by any (indicate number) 1 of the persons listed below in the manner so designated, subject to Bank's deposit account agreement as the same may be amended from time to time. The persons listed are authorized to endorse for collection, deposit, or negotiation, any and all checks, drafts, notes, bills of exchange, certificates of deposit, and orders for the payment or transfer of money between account at Bank and other banks, either belonging to or coming into the possession of the Entity. Endorsements "for deposit" may be written or stamped. Bank may accept any instruments for deposit to any depository account of the Entity without endorsement or may supply the endorsement of the Entity. The persons so designated are authorized to sign any and all checks, drafts, and orders drawn against any designated accounts of the Entity (including saving accounts) at Bank. Bank is authorized to honor and pay all checks, drafts, and orders when so signed or endorsed without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person listed, even if doing so causes or increases an overdraft.

| PRINT NAME:        | TITLE:        | PRINT NAME: | TITLE: |
|--------------------|---------------|-------------|--------|
| <u>Anthony Deo</u> | <u>Member</u> |             |        |
|                    |               |             |        |
|                    |               |             |        |
|                    |               |             |        |

**Signing Authorization**

RESOLVED, that any 1 of the persons indicated above is authorized to act for and on behalf of the Entity in any matter involving any of the Entity's depository accounts at Bank, including the authority to instruct Bank to close the account, to give instructions by means other than the signing of any item with respect to account transactions such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other technologic means, and is further authorized to sign and implement for and in the name on behalf of the Entity, as they, or any of them see fit, the agreements, instructions, drafts, orders, certificates, or other documents relating to any depository accounts or other business of the Entity including, but not limited to payroll agreements, repurchase agreements, night depository agreements, funds transfer agreements, agreement for automated clearinghouse services, agreements for online services, and/or safe deposit agreements.

**Borrowing Authorization**

RESOLVED, that any 1 of the persons indicated below is authorized to act for and on behalf of the Entity to borrow money and to obtain credit for the Entity from Bank on such terms as may seem to advisable and to make and deliver notes, drafts, acceptances and any other obligations of the Entity therefore, instruments of guarantee and of indemnity, agreements and contracts, all in form satisfactory to Bank, and, as security therefor, to grant a security interest in and to assign, transfer, hypothecate, mortgage, pledge, trustee, withdraw, exchange and substitute any stocks, bonds, securities, mortgages, bills and accounts, bills of lading, warehouse receipts, goods, insurance policies, certificates or any other property of every nature and description held by or belonging to the Entity, with full authority to endorse, assign or guarantee the same in the name of the Entity; to execute and deliver security agreements and all instruments of assignment, transfer, hypothecation, mortgage, pledge and trust, to sell or discount with or without recourse any bills receivable or any other paper, whether or not negotiable, held by the Entity; to subordinate and assign any obligations and debts owed to the Entity by another or others, and in connection therewith, to execute and deliver instruments of subordination and assignment in form satisfactory to Bank; to authorize and request Bank to purchase, sell, deliver or exchange for the account of the Entity stocks, bonds, certificates of deposit or other securities, and foreign exchange or the proceeds thereof; and to execute and deliver all instruments, agreements and contracts required by Bank in connection with any matters herein contained or in connection with any services, of whatever nature or description, to be provided by Bank to the Entity.

| PRINT NAME:        | TITLE:        | PRINT NAME: | TITLE: |
|--------------------|---------------|-------------|--------|
| <u>Anthony Deo</u> | <u>Member</u> |             |        |
|                    |               |             |        |
|                    |               |             |        |
|                    |               |             |        |

**Service Award Trust Authorization**

RESOLVED that Bank may draw periodic checks from its central issue check account, which will be funded, as required, through a charge to any of the Entity's depository accounts with Bank, to pay the entitlement award to eligible participants as directed by an account signer authorized by the Entity. These payments will not change and will continue until Bank is instructed otherwise by the Entity.

**Further Authorization**

BE IT FURTHER RESOLVED that the secretary or assistant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), any member or manager, as appropriate (if a limited liability company), or any general partner (if a partnership) is authorized to certify to the Bank the name, title, specimen signature and facsimile signature with respect to any additions or deletions of persons authorized to carry out the purposes and intent of these resolutions and that this resolution shall remain in full force and effect until express written notice of rescission or modification is received by the Bank. If the authority contained herein should be revoked or terminated by operation of law or any other reason without such notice, it is resolved that the Bank shall be indemnified and saved harmless from any and all losses suffered or liabilities incurred by it so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned has hereunder subscribed his/her name(s) and affixed the seal, if any, of the Entity this 17 day of March, 2023For a Service Award Trust, Corporation or  
Unincorporated Association or Organization:

For Sole Proprietorship

For Partnership (all general partners must sign)  
For Limited Liability Company (all members must sign)

Secretary

Owner/Sole Proprietor

Partner/Member Manager

☐ THIS IS A NOT-FOR-PROFIT BUSINESS

Partner/Member Manager

This Resolution supersedes and terminates the resolution dated \_\_\_\_\_

**Certification of Beneficial Owner(s)****Legal Entity Information For a Deposit/Loan Account**a. Name of Legal Entity: 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet Type: LLCb. Physical Address of Legal Entity: 189 Sunrise Highway, Amityville, NY 11701 Tax ID #: [REDACTED]c. Name of Individual Opening the Account: Anthony Deo Title: Member**Ownership Information**

- d. • List each individual or entity who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above.  
 • If an individual's aggregate ownership is 25% or more, even if the entity owns less than 25%, it should be listed.

| Name of Individual or Entity | % of Ownership | Name of Individual or Entity | % of Ownership |
|------------------------------|----------------|------------------------------|----------------|
| Anthony Deo                  | 99%            |                              |                |
|                              |                |                              |                |

☐ If checked, ownership % is less than 25% and will be blank.

## e. Beneficial Owner Detail.

- For natural persons listed in (d) record the following information:
- Explain below any layers of Beneficial Ownership by listing natural persons who own entities noted in (d). Only list individuals if their equity ownership is 25% or more of the Legal Entity opening the account.

|   |  |   |  |
|---|--|---|--|
| <b>Beneficial Owner #1:</b> <u>Anthony Deo</u>            |  | Name of Entity: <u>189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet</u> |  |
| % of Ownership: <u>99%</u>                                | Date of Birth: <u>[REDACTED]</u> / <u>77</u> | Title: <u>Member</u>  |  |
| Address: <u>3 Saddle Ridge Rd, Old Westbury, NY 11568</u> |  | For U.S. Persons<br>Social Security #: <u>[REDACTED]</u>                |  |
| Driver's License # or Other ID: <u>[REDACTED]</u>         |  | For Non-U.S. Persons<br>Passport # or other ID*: <u>[REDACTED]</u>      |  |
| Issuing State or Country of ID: <u>New York</u>           |  | ID Expiration Date: <u>[REDACTED]</u>                                   |  |
| <b>Beneficial Owner #2:</b> _____                         |  | Name of Entity: _____   |  |
| % of Ownership: _____                                     | Date of Birth: ____ / ____ / ____            | Title: _____  |  |
| Address: _____  |  | For U.S. Persons<br>Social Security #: _____                            |  |
| Driver's License # or Other ID: _____                     |  | For Non-U.S. Persons<br>Passport # or other ID*: _____                  |  |
| Issuing State or Country of ID: _____                     |  | ID Expiration Date: ____ / ____ / ____                                  |  |
| <b>Beneficial Owner #3:</b> _____                         |  | Name of Entity: _____   |  |
| % of Ownership: _____                                     | Date of Birth: ____ / ____ / ____            | Title: _____  |  |
| Address: _____  |  | For U.S. Persons<br>Social Security #: _____                            |  |
| Driver's License # or Other ID: _____                     |  | For Non-U.S. Persons<br>Passport # or other ID*: _____                  |  |
| Issuing State or Country of ID: _____                     |  | ID Expiration Date: ____ / ____ / ____                                  |  |





## Certification of Beneficial Owner(s)

| Ownership Information Continued                     |   |
|---|---|
| Beneficial Owner #4: _____                          | Name of Entity: _____   |
| % of Ownership: _____ Date of Birth: ____/____/____ | Title: _____  |
| Address: _____                                      | <b>For U.S. Persons</b><br>Social Security #: _____           |
| Driver's License # or Other ID: _____               | <b>For Non-U.S. Persons</b><br>Passport # or other ID*: _____ |
| Issuing State or Country of ID: _____               | ID Expiration Date: ____/____/____                            |

| Management Information   |                                    |
|--|------------------------------------|
| This section cannot be left blank. If the individual is already listed in (e), only Name and Title must be recorded.   |                                    |
| f. Provide information for one individual with significant responsibility for managing the Legal Entity such as:   |                                    |
| <input checked="" type="checkbox"/> An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or<br><input type="checkbox"/> Any other individual who regularly performs similar functions. |                                    |
| Name: <u>Anthony Deo</u>   | Title: <u>Member</u>               |
| Address: _____   | Date of Birth: ____/____/____      |
| Driver's License # or Other ID: _____  | ID Expiration Date: ____/____/____ |
| <b>For U.S. Persons</b><br>Social Security #: _____  |                                    |
| <b>For Non-U.S. Persons</b><br>Passport # or other ID and Country of Issuance*: _____  |                                    |

| Certification  |  |
|--|--|
| I, (name of natural person opening account), hereby certify to the best of my knowledge that the information provided above is complete and correct. I agree to notify the bank of any change in such information. |  |
| Name: <u>Anthony Deo</u>   | Signature: <u>[Signature]</u> Date: <u>3/17/23</u> |

| Recertification  |  |
|--|--|
| <b>Recertification – 1<sup>st</sup></b><br>I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes. |  |
| Name: _____  | Signature: <u>[Signature]</u> Date: ____/____/____ |
| <b>Recertification – 2<sup>nd</sup></b><br>I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes. |  |
| Name: _____  | Signature: <u>[Signature]</u> Date: ____/____/____ |
| <b>Recertification – 3<sup>rd</sup></b><br>I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes. |  |
| Name: _____  | Signature: <u>[Signature]</u> Date: ____/____/____ |

| Bank Use Only Upon Initial Certification |                           |  |  |
|--|---------------------------|--|--|
| Accepted by: <u>[Signature]</u>          | Date: <u>03/16/2023</u>   | Master Deposit Account #: <u>[Redacted] 9766</u> |  |
| Print: <u>Robert Puccio</u>              | Cost Center #: <u>455</u> | Master Loan #: _____                             |  |

\*In lieu of a passport number, Non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government issued document evidencing nationality or residence and bearing a photograph or similar safeguard.



## Account Signer Profile

Date: 3/15/23

☒ Business ☐ Personal

### Business Information

|               |  |        |            |
|---------------|--|--------|------------|
| Business Name | 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet | Tax ID | [REDACTED] |
|---------------|--|--------|------------|

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal Law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our Privacy Policy and Federal Law.

A **Secondary ID #** is not required for a business account.

|            |             |                                  |                                    |
|------------|-------------|----------------------------------|------------------------------------|
| First Name | Middle Name | Last Name                        | Occupation                         |
| Anthony    |             | Deo                              | Owner of Northshore Motor Leasing  |
| SSN        | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
| [REDACTED] | [REDACTED]  | [REDACTED]                       |                                    |

|   |                      |
|---|----------------------|
| Street / City / State / Zip               | Mother's Maiden Name |
| 3 Saddle Ridge Rd, Old Westbury, NY 11568 |                      |

|                                |            |                |              |
|--------------------------------|------------|----------------|--------------|
| Email                          | Home Phone | Business Phone | Cell Phone   |
| anthonyd@northshoremotors1.com | N/A        | 516-226-1400   | 516-509-1668 |

|            |             |                                  |                                    |
|------------|-------------|----------------------------------|------------------------------------|
| First Name | Middle Name | Last Name                        | Occupation                         |
|            |             |                                  |                                    |
| SSN        | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
|            |             |                                  |                                    |

|                             |                      |
|-----------------------------|----------------------|
| Street / City / State / Zip | Mother's Maiden Name |
|                             |                      |

|       |            |                |            |
|-------|------------|----------------|------------|
| Email | Home Phone | Business Phone | Cell Phone |
|       |            |                |            |

|            |             |                                  |                                    |
|------------|-------------|----------------------------------|------------------------------------|
| First Name | Middle Name | Last Name                        | Occupation                         |
|            |             |                                  |                                    |
| SSN        | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
|            |             |                                  |                                    |

|                             |                      |
|-----------------------------|----------------------|
| Street / City / State / Zip | Mother's Maiden Name |
|                             |                      |

|       |            |                |            |
|-------|------------|----------------|------------|
| Email | Home Phone | Business Phone | Cell Phone |
|       |            |                |            |

|            |             |                                  |                                    |
|------------|-------------|----------------------------------|------------------------------------|
| First Name | Middle Name | Last Name                        | Occupation                         |
|            |             |                                  |                                    |
| SSN        | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
|            |             |                                  |                                    |

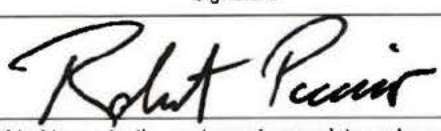
|                             |                      |
|-----------------------------|----------------------|
| Street / City / State / Zip | Mother's Maiden Name |
|                             |                      |

|       |            |                |            |
|-------|------------|----------------|------------|
| Email | Home Phone | Business Phone | Cell Phone |
|       |            |                |            |

|            |             |                                  |                                    |
|------------|-------------|----------------------------------|------------------------------------|
| First Name | Middle Name | Last Name                        | Occupation                         |
|            |             |                                  |                                    |
| SSN        | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
|            |             |                                  |                                    |

|                             |                      |
|-----------------------------|----------------------|
| Street / City / State / Zip | Mother's Maiden Name |
|                             |                      |

|       |            |                |            |
|-------|------------|----------------|------------|
| Email | Home Phone | Business Phone | Cell Phone |
|       |            |                |            |

| For Bank Use Only |   |   |
|-------------------|---|---|
| Account Number(s) | Information Obtained By<br>(Print Name) | Signature   |
| [REDACTED] 6      | Robert Puccio                           |  |

By completing and signing this form, I hereby certify, to the best of my knowledge, the information provided to me by the customer is complete and accurate.  
 Rev. 9/17 Page of



## Business Profile

Reference #: 2023031501

Date: 3/15/23

### Business Details

|   |                                   |   |  |
|---|-----------------------------------|---|--|
| <b>1. Entity Name</b><br>189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet   |                                   | <b>2. Origination Branch</b><br>455   | <b>3. Servicing Branch</b><br>25   |
| <b>4. Alternate Business Address (Offsite use only)</b>   |                                   | <b>5. Alternate Business Phone Number (Offsite Use Only)</b>  |  |
| <b>6. Account Type:</b><br><input type="checkbox"/> CD <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Loan<br><input type="checkbox"/> Money Market <input type="checkbox"/> Savings <input type="checkbox"/> Escrow <input type="checkbox"/> Other<br><input type="checkbox"/> Compensating Balance Savings   |                                   | <b>7. Brief Description of Business</b><br>Used car dealer  |  |
| <b>8. Check off the business type(s), as applicable (multiple types may apply)</b><br><input type="checkbox"/> Foreign Business <input type="checkbox"/> Convenience Store <input type="checkbox"/> Restaurant <input type="checkbox"/> Professional Service Provider (e.g. attorneys, accountants, doctors, investment brokers or real estate brokers, and other third party, especially those that act as financial liaisons for their clients)<br><input type="checkbox"/> Retail Store <input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Liquor Store <input type="checkbox"/> Real Estate Title and Escrow Companies<br><input type="checkbox"/> Parking Garage <input type="checkbox"/> Antiques Dealer <input type="checkbox"/> Arts Dealer <input type="checkbox"/> Import/Export business that <b>NEVER</b> takes possession of the goods/inventory and/or has no physical location to demonstrate business<br><input type="checkbox"/> Leather Dealer <input type="checkbox"/> Lottery Agent<br><input type="checkbox"/> Deals in Precious Metals, Stones and Jewels (complete separate profile)<br><input type="checkbox"/> Non-Bank Financial Institution (NBFI) (e.g. brokers, dealer in securities)<br>If checked, specify: |                                   |   |  |
| <b>9. Contact Name</b><br>Anthony Deo   | <b>10. Tax ID #</b><br>[REDACTED] | <b>11. TIN Applied For</b><br>(indicate only if #10 is blank)<br><input type="checkbox"/> Yes <input type="checkbox"/> No | <b>12. Home Based</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>13. Type of Account Ownership</b><br><input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust<br><input type="checkbox"/> Attorney Escrow <input type="checkbox"/> IOLA <input type="checkbox"/> Unincorporated Assoc/Club <input type="checkbox"/> Other Escrow <input type="checkbox"/> Other  |                                   |   |  |
| <b>14. Source of assets funding the account</b><br><input checked="" type="checkbox"/> Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of Assets <input type="checkbox"/> Sale of Property <input type="checkbox"/> Savings <input type="checkbox"/> Wages <input type="checkbox"/> Other  |                                   |   |  |
| <b>15. Account Usage</b><br><input checked="" type="checkbox"/> General <input type="checkbox"/> Payroll <input type="checkbox"/> Other   |                                   | <b>16. Monthly Revenue</b><br>\$ 1.3 MM   | <b>17. Does the business have other accounts with Flushing Bank?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>18. Names of Major Suppliers/Vendors</b><br>Cargurus, Facebook, Interstate Batteries   |                                   | <b>19. Names of Major Customers</b><br>general Public   |  |

### Current and Prior Banking Relationships

|   |                                 |                                      |  |
|---|---------------------------------|--------------------------------------|--|
| <b>Current Bank(s) for the Business</b><br>Signature Bank |                                 | <b>Products/Services Used</b><br>DDA |  |
| <b>Checking Average \$</b><br>100,000                     | <b>Savings Average \$</b><br>NA | <b>Investment Average \$</b><br>NA   |  |
| <b>Borrowing Purpose</b><br>NA                            |                                 | <b>Borrowing Terms</b><br>NA         |  |

### Relationship Contact

Relationship Manager's Name Robert Puccio

### Money Service Business (MSB) and Prohibited Businesses

I have verified with the customer the entity is not operating any of the following businesses, prohibited by Flushing Bank Policy

RP

Banker's Initials

|   |  |   |
|---|--|---|
| Adult Entertainment Businesses<br>Armored Car Services<br>Arms Dealers<br>ATM Operators – Primary Business<br>BIT Coin Dealer (virtual currency)<br>Check Cashers or other Primary Money Service Businesses | Correspondent Accounts<br>Consulates, Embassies, UN Related/Foreign - Government Related Entities<br>Gambling Establishments<br>Pawn Brokers<br>Store Value Card Distributors/Dealers (not retail stores that sell them) | Payday Lenders<br>Unlicensed MSB/informal loan society accounts<br>Vending Machine Operators<br>Marijuana Related Businesses (Complete Specialized Banking eForm with the prospect) |
|---|--|---|

### Flushing Bank Borrowing Relationship

 Does the customer have a lending relationship and appraisal on file? ☐ Yes ☒ No  
 If "yes" indicate loan number





## Business Profile

|   |                               |                     |
|---|-------------------------------|---------------------|
| <b>Business Name</b> 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet | <b>Reference #</b> 2023031501 | <b>Date</b> 3/15/23 |
|---|-------------------------------|---------------------|

| Expected Volumes           |  |   |   |   |   |
|----------------------------|--|---|---|---|---|
| Type of Transaction        |  | Monthly Amount  |   | Monthly Count<br>(Average number of times)  |   |
| <b>Cash In</b>             | Purpose:<br>cash receipts                          | <input type="checkbox"/> \$0.00 - \$2.5k<br><input type="checkbox"/> \$2,500.01 - \$5k<br><input type="checkbox"/> \$5,000.01 - \$7.5k<br><input checked="" type="checkbox"/> \$7,500.01 - \$10k<br><input type="checkbox"/> \$10,000.01 - \$25k<br><input type="checkbox"/> \$25,000.01 - \$50k<br><input type="checkbox"/> \$50,000.01 - \$100k   | <input type="checkbox"/> \$100,000.01 - \$150k<br><input type="checkbox"/> \$150,000.01 - \$200k<br><input type="checkbox"/> \$200,000.01 - \$400k<br><input type="checkbox"/> \$400,000.01 - \$500k<br><input type="checkbox"/> \$500,000.01 - \$750k<br><input type="checkbox"/> \$750,000.01 - \$1M<br><input type="checkbox"/> \$1,000,000.01 - \$5M  | <input checked="" type="checkbox"/> 0 - 5<br><input type="checkbox"/> 6 - 10<br><input type="checkbox"/> 11 - 25<br><input type="checkbox"/> 26 - 50<br><input type="checkbox"/> 51 - 75                                      | <input type="checkbox"/> 76 - 100<br><input type="checkbox"/> 101 - 125<br><input type="checkbox"/> 126 - 150<br><input type="checkbox"/> 151 - 200<br><input type="checkbox"/> 201 - 250<br><input type="checkbox"/> 251 - 500   |
| <b>Cash Out</b>            | Purpose:<br>Petty Cash                             | <input type="checkbox"/> \$0.00 - \$2.5k<br><input type="checkbox"/> \$2,500.01 - \$5k<br><input type="checkbox"/> \$5,000.01 - \$7.5k<br><input type="checkbox"/> \$7,500.01 - \$10k<br><input checked="" type="checkbox"/> \$10,000.01 - \$25k<br><input type="checkbox"/> \$25,000.01 - \$50k<br><input type="checkbox"/> \$50,000.01 - \$100k   | <input type="checkbox"/> \$100,000.01 - \$150k<br><input type="checkbox"/> \$150,000.01 - \$200k<br><input type="checkbox"/> \$200,000.01 - \$400k<br><input type="checkbox"/> \$400,000.01 - \$500k<br><input type="checkbox"/> \$500,000.01 - \$750k<br><input type="checkbox"/> \$750,000.01 - \$1M<br><input type="checkbox"/> \$1,000,000.01 - \$5M  | <input checked="" type="checkbox"/> 0 - 5<br><input type="checkbox"/> 6 - 10<br><input type="checkbox"/> 11 - 25<br><input type="checkbox"/> 26 - 50<br><input type="checkbox"/> 51 - 75                                      | <input type="checkbox"/> 76 - 100<br><input type="checkbox"/> 101 - 125<br><input type="checkbox"/> 126 - 150<br><input type="checkbox"/> 151 - 200<br><input type="checkbox"/> 201 - 250<br><input type="checkbox"/> 251 - 500   |
| <b>Wires In</b>            | Purpose:<br>payments from customers and affiliates | <input type="checkbox"/> \$0.00 - \$5k<br><input type="checkbox"/> \$5,000.01 - \$10k<br><input type="checkbox"/> \$10,000.01 - \$25k<br><input type="checkbox"/> \$25,000.01 - \$50k<br><input type="checkbox"/> \$50,000.01 - \$100k<br><input type="checkbox"/> \$100,000.01 - \$150k<br><input checked="" type="checkbox"/> \$150,000.01 - \$300k<br><input type="checkbox"/> \$300,000.01 - \$500k | <input type="checkbox"/> \$500,000.01 - \$750k<br><input type="checkbox"/> \$750,000.01 - \$1M<br><input type="checkbox"/> \$1,000,000.01 - \$5M<br><input type="checkbox"/> \$5,000,000.01 - \$10M<br><input type="checkbox"/> \$10,000,000.01 - \$25M<br><input type="checkbox"/> \$25,000,000.01 - \$50M<br><input type="checkbox"/> \$50,000,000.01 - \$75M<br><input type="checkbox"/> \$75,000,000.01 - \$100M  | <input type="checkbox"/> 0 - 1<br><input checked="" type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input type="checkbox"/> 5   | <input type="checkbox"/> 6 - 10<br><input type="checkbox"/> 11 - 25<br><input type="checkbox"/> 26 - 50<br><input type="checkbox"/> 51 - 75<br><input type="checkbox"/> 76 - 100<br><input type="checkbox"/> 101 - 200            |
| <b>Wires Out</b>           | Purpose:<br>payments to vendors, auto purchases    | <input type="checkbox"/> \$0.00 - \$5k<br><input type="checkbox"/> \$5,000.01 - \$10k<br><input type="checkbox"/> \$10,000.01 - \$25k<br><input type="checkbox"/> \$25,000.01 - \$50k<br><input type="checkbox"/> \$50,000.01 - \$100k<br><input type="checkbox"/> \$100,000.01 - \$150k<br><input checked="" type="checkbox"/> \$150,000.01 - \$300k<br><input type="checkbox"/> \$300,000.01 - \$500k | <input type="checkbox"/> \$500,000.01 - \$750k<br><input type="checkbox"/> \$750,000.01 - \$1M<br><input type="checkbox"/> \$1,000,000.01 - \$5M<br><input type="checkbox"/> \$5,000,000.01 - \$10M<br><input type="checkbox"/> \$10,000,000.01 - \$25M<br><input type="checkbox"/> \$25,000,000.01 - \$50M<br><input type="checkbox"/> \$50,000,000.01 - \$75M<br><input type="checkbox"/> \$75,000,000.01 - \$100M  | <input type="checkbox"/> 0 - 1<br><input type="checkbox"/> 2<br><input type="checkbox"/> 3<br><input type="checkbox"/> 4<br><input checked="" type="checkbox"/> 5   | <input type="checkbox"/> 6 - 10<br><input type="checkbox"/> 11 - 25<br><input type="checkbox"/> 26 - 50<br><input type="checkbox"/> 51 - 75<br><input type="checkbox"/> 76 - 100<br><input type="checkbox"/> 101 - 200            |
| <b>ACH In</b>              | Purpose:<br>from customers and credit cards        | <input type="checkbox"/> \$0.00 - \$5.5k<br><input type="checkbox"/> \$5,000.01 - \$10k<br><input type="checkbox"/> \$10,000.01 - \$25k<br><input type="checkbox"/> \$25,000.01 - \$50k<br><input type="checkbox"/> \$50,000.01 - \$100k<br><input checked="" type="checkbox"/> \$100,000.01 - \$150k   | <input type="checkbox"/> \$150,000.01 - \$300k<br><input type="checkbox"/> \$300,000.01 - \$500k<br><input type="checkbox"/> \$500,000.01 - \$750k<br><input type="checkbox"/> \$750,000.01 - \$1M<br><input type="checkbox"/> \$1,000,000.01 - \$5M<br><input type="checkbox"/> \$5,000,000.01 - \$10M<br><input type="checkbox"/> \$10,000,000.01 - \$25M   | <input type="checkbox"/> 0 - 5<br><input type="checkbox"/> 6 - 10<br><input checked="" type="checkbox"/> 11 - 25<br><input type="checkbox"/> 26 - 50<br><input type="checkbox"/> 51 - 75<br><input type="checkbox"/> 76 - 100 | <input type="checkbox"/> 101 - 125<br><input type="checkbox"/> 126 - 150<br><input type="checkbox"/> 151 - 200<br><input type="checkbox"/> 201 - 250<br><input type="checkbox"/> 251 - 500<br><input type="checkbox"/> 501 - 1000 |
| <b>ACH Out</b>             | Purpose:<br>payments to vendors                    | <input type="checkbox"/> \$0.00 - \$5.5k<br><input type="checkbox"/> \$5,000.01 - \$10k<br><input type="checkbox"/> \$10,000.01 - \$25k<br><input type="checkbox"/> \$25,000.01 - \$50k<br><input checked="" type="checkbox"/> \$50,000.01 - \$100k<br><input type="checkbox"/> \$100,000.01 - \$150k   | <input type="checkbox"/> \$150,000.01 - \$300k<br><input type="checkbox"/> \$300,000.01 - \$500k<br><input type="checkbox"/> \$500,000.01 - \$750k<br><input type="checkbox"/> \$750,000.01 - \$1M<br><input type="checkbox"/> \$1,000,000.01 - \$5M<br><input type="checkbox"/> \$5,000,000.01 - \$10M<br><input type="checkbox"/> \$10,000,000.01 - \$25M   | <input type="checkbox"/> 0 - 5<br><input type="checkbox"/> 6 - 10<br><input checked="" type="checkbox"/> 11 - 25<br><input type="checkbox"/> 26 - 50<br><input type="checkbox"/> 51 - 75<br><input type="checkbox"/> 76 - 100 | <input type="checkbox"/> 101 - 125<br><input type="checkbox"/> 126 - 150<br><input type="checkbox"/> 151 - 200<br><input type="checkbox"/> 201 - 250<br><input type="checkbox"/> 251 - 500<br><input type="checkbox"/> 501 - 1000 |
| <b>Monetary Instrument</b> | Purpose:<br>na                                     | <input checked="" type="checkbox"/> \$0.00 - \$1k<br><input type="checkbox"/> \$1,000.01 - \$5k<br><input type="checkbox"/> \$5,000.01 - \$10k<br><input type="checkbox"/> \$10,000.01 - \$25k<br><input type="checkbox"/> \$25,000.01 - \$50k<br><input type="checkbox"/> \$50,000.01 - \$100k<br><input type="checkbox"/> \$100,000.01 - \$150k<br><input type="checkbox"/> \$150,000.01 - \$200k     | <input type="checkbox"/> \$200,000.01 - \$250k<br><input type="checkbox"/> \$250,000.01 - \$300k<br><input type="checkbox"/> \$300,000.01 - \$400k<br><input type="checkbox"/> \$400,000.01 - \$500k<br><input type="checkbox"/> \$500,000.01 - \$750k<br><input type="checkbox"/> \$750,000.01 - \$1M<br><input type="checkbox"/> \$1,000,000.01 - \$2M<br><input type="checkbox"/> \$2,000,000.01 - \$5M<br><input type="checkbox"/> \$5,000,000.01 - \$10M | <input checked="" type="checkbox"/> 0 - 1<br><input type="checkbox"/> 2 - 5   | <input type="checkbox"/> 6 - 10<br><input type="checkbox"/> 11 - 25<br><input type="checkbox"/> 26 - 50   |
| <b>ATM Withdrawal</b>      | Purpose:<br>na                                     | <input checked="" type="checkbox"/> \$0.00 - \$1k<br><input type="checkbox"/> \$1,000.01 - \$5k<br><input type="checkbox"/> \$5,000.01 - \$10k<br><input type="checkbox"/> \$10,000.01 - \$25k<br><input type="checkbox"/> \$25,000.01 - \$50k<br><input type="checkbox"/> \$50,000.01 - \$100k   | <input type="checkbox"/> \$100,000.01 - \$150k<br><input type="checkbox"/> \$150,000.01 - \$200k<br><input type="checkbox"/> \$200,000.01 - \$250k<br><input type="checkbox"/> \$250,000.01 - \$300k<br><input type="checkbox"/> \$300,000.01 - \$400k<br><input type="checkbox"/> \$400,000.01 - \$500k  | <input checked="" type="checkbox"/> 0 - 5<br><input type="checkbox"/> 6 - 10<br><input type="checkbox"/> 11 - 25<br><input type="checkbox"/> 26 - 50<br><input type="checkbox"/> 51 - 75                                      | <input type="checkbox"/> 76 - 100<br><input type="checkbox"/> 101 - 125<br><input type="checkbox"/> 126 - 150<br><input type="checkbox"/> 151 - 200<br><input type="checkbox"/> 201 - 250   |





## Business Profile

|   |   |                               |                     |
|---|---|-------------------------------|---------------------|
| <b>Business Name</b> 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet   |   | <b>Reference #</b> 2023031501 | <b>Date</b> 3/15/23 |
| <b>Additional Information</b>   |   |                               |                     |
| <b>1. Other Bank Services of Interest</b><br><input type="checkbox"/> Armored Service <input checked="" type="checkbox"/> Cash Manager Direct <input type="checkbox"/> Loans <input type="checkbox"/> Lockbox <input type="checkbox"/> Mail Deposits<br><input type="checkbox"/> Merchant Services <input type="checkbox"/> Remote Deposit <input type="checkbox"/> Safe Deposit <input type="checkbox"/> Other   |   |                               |                     |
| <b>2. Is the entity address near the institution?</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>If "no", provide reason(s)   | <b>3. Will the account activity be conducted in multiple branches?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "yes", list the branch locations and reason(s)   |                               |                     |
| <b>4. Are any of the signers or owners non US Citizens?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "yes", list that signer/owner and country of origin   | <b>5. Are any of the signers/owners a Politically Exposed Person (PEP), related to or a close associate to a PEP?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "yes", list them and the relationship to the PEP<br><br><i>(Complete the PEP Profile form and submit to the BSA Officer for approval prior to opening the account).</i> |                               |                     |
| <b>6. Will the entity operate an ATM machine on their premise?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>a) If "yes", are the ATM(s) owned and serviced by the entity? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><br>b) How many ATM's does the entity own?<br><br>c) Who is responsible for replenishing the ATM(s)?<br><br>d) Who is the beneficial owner of the ATM(s)?<br><br>e) Will Flushing Bank provide the cash for the ATM(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "no", provide the cash service contract<br><br><i>Provide a copy of the following documents:<br/>         ATM Agreement with sponsoring entity, exact physical location of each ATM.<br/>         State Registration and copy of three (3) months ATM activity statements.</i> | <b>7. Will the entity be receiving or sending funds from/to countries outside of the U.S.?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>a) What countries will the entity be transacting with?<br><br>b) What is the expected monthly volume?<br><br>c) List reasons for transactions   |                               |                     |
| <b>8. Will the entity be utilizing ACH Originations?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><br>If yes, will the entity offer payment processing services to merchants and other business entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |   |                               |                     |
| <b>9. Does the entity accept third party checks?</b> <span style="float: right;"><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</span>   |   |                               |                     |



## Business Profile

|   |                               |                     |
|---|-------------------------------|---------------------|
| <b>Business Name</b> 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet | <b>Reference #</b> 2023031501 | <b>Date</b> 3/15/23 |
|---|-------------------------------|---------------------|

**Additional Information Continued**

**10. Is the entity an NGO, NPO, charity, endowment or foundation?** ☐ Yes ☒ No *If No, skip section #10*

*NGOs are private nonprofit organizations that pursue activities intended to serve the public good. An NGO can be any nonprofit organization that is independent from government. NGOs can range from large regional, national, or international charities to community-based self-help groups. NGOs also include research institutes, churches, professional associations, and lobby groups. NGOs typically depend, in whole or in part, on charitable donations and voluntary service for support.*

a) What does the charter of the Organization state as the primary purpose?

☐ Education  
☐ Religious  
☐ Community Service  
☐ Social Services  
☐ Other, please describe: \_\_\_\_\_

b) Does the entity issue any loans to individuals and/or businesses? ☐ Yes ☐ No

c) Does the entity expect to deposit third party checks? ☐ Yes ☐ No

d) Does the entity cash checks or exchange currency for any individual on any day in one or more transactions? ☐ Yes ☐ No

**If the answer is "Yes" to b, c, or d above, DO NOT open the account.**

e) Is the entity incorporated in New York? ☐ Yes ☐ No

e.1) If not, did you obtain a copy of the Certificate of Corporate Status? ☐ Yes ☐ No

f) What geographic location(s) does the entity serve? \_\_\_\_\_

g) Does the entity have any related organizations in or outside of the branch market area? ☐ Yes ☐ No

h) How are the organizations related? \_\_\_\_\_

i) Does the entity have any affiliation with other NGOs, government, other groups? ☐ Yes ☐ No

If so, please list: \_\_\_\_\_

j) Do the anticipated deposits represent the entity's stated objectives? ☐ Yes ☐ No

k) Do the anticipated disbursements represent the entity's stated beneficiaries? ☐ Yes ☐ No

l) To whom will the entity's funds be disbursed? \_\_\_\_\_

m) How are the beneficiaries selected? \_\_\_\_\_

n) Does the NGO have a website? ☐ Yes ☐ No

n.1) If yes, enter the URL: \_\_\_\_\_

o) Is the website for members only? ☐ Yes ☐ No

o.1) Is the website open to accept donations or contributions by the public using credit cards? ☐ Yes ☐ No

o.2) If yes, list the entity's credit card processor: \_\_\_\_\_

p) If donations are open to the public, are there International contributors? ☐ Yes ☐ No

p.1) If yes, please list any major international contributors: \_\_\_\_\_

q) How does the entity receive its funding? (check all that apply)

☐ Private Contributions  
☐ Corporate Contributions  
☐ Community Groups  
☐ Government Entities  
☐ Fund Raisers  
☐ Sponsors  
☐ Dues  
☐ Other, please describe \_\_\_\_\_

r) What are the past, present and planned activities for the organization? \_\_\_\_\_

s) Does the entity receive funding from any governmental entity or organization located outside of the U.S? ☐ Yes ☐ No

If yes, please provide the following information:

s.1) Name of Government Entity or Organization: \_\_\_\_\_

s.2) Location: \_\_\_\_\_

s.3) Purpose of Funds: \_\_\_\_\_

t) Is the entity tax exempt under Internal Revenue Code? ☐ Yes ☐ No

t.1) If yes, under what IRC section? \_\_\_\_\_

u) Estimated Gross Annual Revenue \$ \_\_\_\_\_

v) How many employees does the entity have? \_\_\_\_\_




## Business Profile

### Notes

Complete this section if additional space is needed to answer any questions above.

### For Bank Use Only

By completing and signing this form, I hereby certify, to the best of my knowledge, the information provided to me by the customer is complete and accurate.

| Account Number | Information Obtained By<br>(Print Name) | Signature   |
|----------------|---|---|
| ██████████6    | Robert Puccio                           |  |





## Site Visitation Form

| Business Information   |  |  |  |   |
|--|--|--|--|---|
| Business Name(s):  |  |  |  |   |
| 189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet   |  |  |  |   |
|  |  |  |  |   |
| Physical Address: 189 Sunrise Highway  |  | Met With: Dwight Blankenship   |  |   |
| City, State: Amityville, NY  |  | Type of Business: used car dealership                                    |  |   |
| Zip Code: 11701  |  | Home Based:  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Date of Visit: 3/17/2023   |  | Date Opened: 7/2014  |  |   |
| External Description   |  |  |  |   |
| Type of Space Occupied:  |  | Signage:   |  |   |
| <input checked="" type="checkbox"/> Commercial   | <input type="checkbox"/> Residential (home/apt.) | <input checked="" type="checkbox"/> Visible                              | <input type="checkbox"/> Clear           | <input type="checkbox"/> None                                       |
| <input type="checkbox"/> Warehouse/ Industrial Space   |  | Does signage reflect business name?                                      |  |   |
| <input type="checkbox"/> Retail  |  | <input checked="" type="checkbox"/> Yes                                  |  | <input type="checkbox"/> No   |
| <input type="checkbox"/> Other   |  |  |  |   |
| Is the business name listed on a directory/mailbox located in the building or on the property? |  |  |  | <input type="checkbox"/> Yes <input type="checkbox"/> No            |
| General appearance of the property:  |  | <input type="checkbox"/> Good  | <input checked="" type="checkbox"/> Fair | <input type="checkbox"/> Poor <input type="checkbox"/> N/A          |
| Comments: building and parking lot are being updated.  |  |  |  |   |
|  |  |  |  |   |
|  |  |  |  |   |
| Internal Description   |  |  |  |   |
| GENERAL  |  |  |  |   |
| Clean and Organized?   |  | <input checked="" type="checkbox"/> Yes                                  |  | <input type="checkbox"/> No   |
| RETAIL   |  |  |  |   |
| Hours of Operation: 9 am - 8 pm  |  |  |  |   |
| Describe any inventory observed: used cars   |  |  |  |   |
| Describe display & condition of inventory: cars are in fair condition                          |  |  |  |   |
| Describe visible internal signage: signs in the office and on the door                         |  |  |  |   |
| Describe volume of customer activity: none, they are doing renovations                         |  |  |  |   |
| Are customer transactions conducted primarily in cash or credit?                               |  | <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Credit |  |   |



|   |   |  |   |
|---|---|--|---|
| Describe any seasonal considerations for transaction volume:<br>none  |   |  |   |
| Does the business offer? (Check applicable)   | <input type="checkbox"/> Phone Cards  | <input type="checkbox"/> Funds Transfers | <input type="checkbox"/> Check Cashing <input type="checkbox"/> Lottery |
| <b>OFFICE AND INDUSTRIAL</b>  |   |  |   |
| Describe any materials or merchandise onsite:   |   |  |   |
| Describe any equipment onsite:  |   |  |   |
| Describe the model & condition of any vehicles onsite:  |   |  |   |
| Does the location seem sufficiently staffed? <input type="checkbox"/> Yes <input type="checkbox"/> No                         |   |  |   |
| If office location, please describe the furniture and décor:  |   |  |   |
| <b>ACTIVITY AND PRODUCTS</b>  |   |  |   |
| Does observed business activity reflect type of business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |   |  |   |
| Explain:<br>set up of office and lot are consistent with a auto dealership  |   |  |   |
| Describe the types of products or services provided by this business:<br>used cars  |   |  |   |
| On the day of the visit, the business appears to be:  |   |  |   |
| <input type="checkbox"/> Very Busy  | <input type="checkbox"/> Busy   | <input type="checkbox"/> Slow            | <input checked="" type="checkbox"/> No Customers                        |
| If no internal inspection was performed or no internal pictures taken, explain why:   |   |  |   |
| <b>ONSITE ATM</b>   |   |  |   |
| Is there an ATM onsite?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       | If Yes, complete this section            |   |
| Is the ATM serviced by our customer?  | <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| Exact location of ATM:  |   |  |   |
| How is cash replenished?  | <input type="checkbox"/> Bank <input type="checkbox"/> Armored Car <input type="checkbox"/> Cash Servicer |  |   |
| How often will the ATM be loaded?   |   |  |   |
| What is the daily expected cash activity?   |   |  |   |
| Obtain copy of the ATM Lease or Purchase Agreement  |   |  |   |
| Obtain copies of the last three months banking statements   |   |  |   |
| <b>Marijuana Related Business</b>   |   |  |   |
| Is this business marijuana related?   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |  |   |
| Type of Business (Example: Retail dispensaries, cultivation etc.)   |   |  |   |
| Approximate Annual Revenue: \$  |   |  |   |
| What percentage of the business is directly tied to marijuana business? %   |   |  |   |





|   |               |   |                |
|---|---------------|---|----------------|
| Of the percentage listed above, define the percentage in each of the following areas?                             |               |   |                |
| Sale of CBD Oil:  | %             | Paraphernalia:                                    | %              |
| Hemp:   |               | %   |                |
| Other (Explain):  |               |   | %              |
| What process is in place by the business to ensure the marijuana portion of the business is licensed?             |               |   |                |
| <b>Premises Description</b>   |               |   |                |
| Provide a clear description of the premises:  |               |   |                |
| property consist of a building which is used as offices, with a receptions area, waiting room, desks and cubical. |               |   |                |
| building is approximatly 5,000 sf. with a large parking lot   |               |   |                |
| <b>Home Based</b>   |               |   |                |
| If a home based business, is it reasonable for this type of business to be operated out of a home?                |               |   |                |
| <input type="checkbox"/> Yes  |               | <input type="checkbox"/> No If No, explain below: |                |
|   |               |   |                |
|   |               |   |                |
| <b>Conclusion / Overall Comments</b>  |               |   |                |
| Is the business environment consistent with the type of business? (Explain)                                       |               |   |                |
| Property set up, signage and used cars on site are all consistent with a used car lot.                            |               |   |                |
| Location was closed during my visit as they are making renovations of the space.                                  |               |   |                |
|   |               |   |                |
|   |               |   |                |
| <b>Visited By *</b>   |               |   |                |
| Print Name:   | Robert Puccio | Title:  | Vice President |
| Branch/Business Unit:   |               | 455   |                |
| Signature:  |               |   | Date:          |
|   |               | 3/17/2023   |                |



## INTERNET GAMBLING NOTICE AND CERTIFICATION

Pursuant to the Unlawful Internet Gambling Enforcement Act of 2006 and Regulation GG, "restricted transactions" such as those in which a person accepts credit, funds, instruments or other proceeds from another person in connection with unlawful Internet gambling, are prohibited. You certify that such transactions will not be conducted through your account at Flushing Bank. Please be advised that if Flushing Bank determines that your account is being used to engage in restricted transactions, we reserve the right to terminate your access to certain payment systems and/or close your account.

I, Anthony Deo

Customer Name

Member

, of

189 Sunrise Hwy Auto LLC DBA Sunrise Auto Outlet

Title (i.e. Pres., Sec.)

Company Name

Company/Corporation/Partnership/LLC/Sole Proprietorship do hereby certify that the above named Business entity does not engage in any type of Internet Gambling business.

Signature

3/17/23

Date

| FOR BANK USE ONLY |             |                  |
|-------------------|-------------|------------------|
| Account(s) #      | <u>9766</u> | Originating Br # |
|                   |             | 455              |
|                   |             | Accepted By      |
|                   |             | Robert Puccio    |
|                   |             | (Print Name)     |



OPERATING AGREEMENT  
FOR  
**189 SUNRISE HWY AUTO LLC.**  
A LIMITED LIABILITY COMPANY

**ARTICLE I**  
**Company Formation**

**1.1. FORMATION.** The Members have formed a Limited Liability Company ("Company") according to the laws of the state in which the Company was formed. This operating agreement is entered into and effective as of the date it is adopted by the members.

**1.2. REGISTERED AGENT.** The name and location of the Company's registered agent will be stated in the company's formation documents.

**1.3. TERM.** The Company will continue perpetually unless, (a) Members whose capital interest as defined in Article 2.2 exceeds 50 percent vote for dissolution; or (b) Any event which causes the Company's business to become unlawful; or (c) The death, resignation, expulsion, bankruptcy, retirement of a Member or the occurrence of any other event that terminates the continued membership of a Member of the Company; or (d) Any other event causing dissolution of the Company under applicable state laws.

**1.4. CONTINUANCE OF COMPANY.** In the event of an occurrence described in ARTICLE 1.3(c), if there are at least two remaining Members, those Members have the right to continue the business of the Company. This right can be exercised only by the unanimous vote of the remaining Members within ninety (90) days after the occurrence of an event described in ARTICLE 1.3(c). If not exercised, the right of the Members to continue the business of the Company will expire.

**1.5. BUSINESS PURPOSE.** The Company will conduct any lawful business deemed appropriate in carrying out the company's objectives.

**1.6. PRINCIPAL PLACE OF BUSINESS.** The Company's principal place of business will be stated in the formation documents, or as selected by the Managers.

**1.7. THE MEMBERS.** The name and residential address of each member are listed in Exhibit 2 attached to this Agreement.

**1.8. ADMISSION OF ADDITIONAL MEMBERS.** Additional members may only be admitted to the Company through a Certificate of New Membership issuance by the company of new interest in the Company or as otherwise provided in this agreement.

## ARTICLE II

### Capital Contributions

**2.1. INITIAL CONTRIBUTIONS.** The Members will initially contribute capital to the Company, as described in Exhibit 3 attached to this Agreement. The agreed total value of such property and cash is \$100,000.00

**2.2. ADDITIONAL CONTRIBUTIONS.** Except as provided in ARTICLE 6.2, no Member will be obligated to make any additional contribution to the Company's capital.

## ARTICLE III

### Profits, Losses and Distributions

**3.1. PROFITS/LOSSES.** For financial accounting and tax purposes, the Company's net profits or net losses will be determined on an annual basis. These profits and losses will be allocated to the Members in proportion to each Member's capital interest in the Company as set forth in Exhibit 2 as amended and in accordance with Treasury Regulation 1.704-1.

**3.2. DISTRIBUTIONS.** The Members will determine and distribute available funds annually or as they see fit. "Available funds" refers to the net cash of the Company available after expenses and liabilities are paid. Upon liquidation of the Company or liquidation of a Member's interest, distributions will be made in accordance with the positive capital account balances or pursuant to Treasury Regulation 1.704-1(b)(2)(ii)(b) (2). To the extent a Member has a negative capital account balance, there will be a qualified income offset, as set forth in Treasury Regulation 1.704-1(b)(2)(ii)(d).

## ARTICLE IV

### Management

**4.1. MANAGEMENT OF THE BUSINESS.** The Members holding a majority of the capital interests in the Company, as set forth in Exhibit 2 as amended, may vote to elect a Manager or Managers. One manager will be elected by the Members as Chief Executive Manager. The Manager(s) may be a Member or Non-Member. The name and residential address of each Manager is attached as Exhibit 1 of this Agreement.

**4.2. MEMBERS.** The liability of the Members will be limited according to state law. Members that are not Managers will take no part in the control, management, direction, or operation of the Company's affairs and will have no power to bind the Company in legal agreements. The Managers may seek advice from the Members, but need not follow such advice. No Member is an agent of any other Member of the Company, solely by reason of being a Member.

**4.3. POWERS OF MANAGERS.** The Managers are authorized on the Company's behalf to make

all decisions as to:

- (a) the sale, development, lease or other disposition of the Company's assets;
- (b) the purchase or other acquisition of other assets;
- (c) the management of all or any part of the Company's assets;



(d) the borrowing of money and the granting of security interests in the Company's assets;

(e) the pre-payment, refinancing or extension of any loan affecting the Company's assets;

(f) the compromise or release of any of the Company's claims or debts; and

(g) the employment of persons, firms or corporations for the operation and management of the company's business.

The Managers are further authorized to execute and deliver:

(w) all contracts, conveyances, assignments leases, sub-leases, franchise agreements, licensing agreements, management contracts and maintenance contracts covering or affecting the Company's assets;

(x) all checks, drafts and other orders for the payment of the Company's funds;

(y) all promissory notes, loans, security agreements and other similar documents; and

(z) all other instruments of any other kind relating to the Company's affairs.

**4.4. CHIEF EXECUTIVE MANAGER.** The Chief Executive Manager has primary responsibility for managing the operations of the Company and for carrying out the decisions of the Managers.

**4.5. NOMINEE.** Title to the Company's assets must be held in the Company's name or in the name of any nominee that the Managers may designate. The Managers have power to enter into a nominee agreement with any such person, and such agreement may contain provisions indemnifying the nominee, except for his or her willful misconduct.

**4.6. COMPANY INFORMATION.** The Managers must supply information regarding the company or its activities to any member upon his or her request. Any Member or their authorized representative will have access to and may inspect and copy all books, records and materials in the Manager's possession regarding the Company or its activities. Access and inspection of information will be at the requesting Member's expense.

**4.7. EXCULPATION.** Any act or omission of the Managers, the effect of which may cause or result in loss or damage to the Company or the Members, if done in good faith to promote the best interests of the Company, will not subject the Managers to any liability.

**4.8. INDEMNIFICATION.** The Company will indemnify any person who was or is a party defendant or is threatened to be made a party defendant, in a pending or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative (other than an action by or in the right of the Company) by reason of the fact that the person is or was a Member of the Company, Manager, employee or agent of the Company, or is or was serving at the request of the Company, for instant expenses (including attorney's fees), judgments, fines, and amounts

paid in settlement actually and reasonably incurred in connection with such action, suit or proceeding if the Members determine that the person acted in good faith and in a manner he or she reasonably believed to be in or not opposed to the best interest of the Company, and with respect to any criminal action proceeding, has no reasonable cause to believe his or her conduct was unlawful. The termination of any action, suit, or proceeding by judgment, order, settlement, conviction, or upon a plea of "no lo Contendere" or its equivalent, does not in itself create a presumption that the person did or did not act in good faith and in a manner which he or she reasonably believed to be in the best interest of the Company, and, with respect to any criminal action or proceeding, had reasonable cause to believe that his or her conduct was lawful.

**4.9. RECORDS.** The Managers must keep the following at the company's principal place of business or other location:

- (a) A current list of the full name and the last known street address of each Member;
- (b) A copy of the Company's Certificate of Formation and Operating Agreement and all amendments;
- (c) Copies of Company's federal, state and local income tax returns and reports for the three most recent years;
- (d) Copies of the Company's financial statements for the three most recent years.

#### ARTICLE V

##### Compensation

**5.1. MANAGEMENT FEE.** Any Manager rendering services to the Company is entitled to compensation proportionate with the value of those services.

**5.2. REIMBURSEMENT.** The Company must reimburse the Managers or Members for all direct out-of-pocket expenses incurred by them in managing the Company.

#### ARTICLE VI

##### Bookkeeping

**6.1. BOOKS.** The Managers will maintain a complete and accurate accounting of the Company's affairs at the Company's principal place of business. The managers may select the method of accounting and the company's accounting period will be the calendar year.

**6.2. MEMBER'S ACCOUNTS.** The Managers must maintain separate capital and distribution accounts for each member. Each member's capital account will be determined and maintained in the manner set forth in Treasury Regulation 1.704-1(b)(2)(iv) and will consist of his or her initial capital contribution increased by:

- (a) Any additional capital contribution made by the member;
  - (b) Credit balances transferred from the member's distribution account to his or her capital account;
- and decreased by:
- (x) Distributions to the member in reduction of Company capital;
  - (y) The Member's share of Company losses if charged to his or her capital account.



**6.3. REPORTS.** The Managers will close the books of account after the close of each calendar year and will prepare and send to each member, a statement of such Member's distributive share of income and expense for income tax reporting purposes.

#### ARTICLE VII

##### Transfers

**7.1. ASSIGNMENT.** If a Member proposes to sell, assign, or otherwise dispose of all or any part of his or her interest in the Company, that Member must first make a written offer to sell his or her interest to the other Members at a price determined by mutual agreement. If the other Members decline or fail to elect such interest within thirty (30) days, and if the sale or assignment is made and the Members fail to approve this sale or assignment unanimously then, pursuant to the applicable law, the purchaser or assignee will have no right to participate in the management of the business and affairs of the Company. The purchaser or assignee will only be entitled to receive the share of the profits or other compensation by way of income and the return of contributions to which that Member would otherwise be entitled.

#### ARTICLE VIII

##### Dissolution

**8.1. DISSOLUTION.** The Member(s) may dissolve the company at any time. The Member may NOT dissolve the company for a loss of membership interests. Upon dissolution the company must pay its debts first before distributing cash, assets, and/or initial capital to the Member or the Members interests. The dissolution may only be ordered by the Member(s), not by the owner of the Members interests.

Operating Agreement – Page 5 of 9

<https://www.northwestregisteredagent.com/legal-forms/llc/operating-agreement>

### CERTIFICATION OF MEMBER

The undersigned hereby agree, acknowledge, and certify that the foregoing operating agreement is adopted and approved by each member as of this 15 day of FEBRUARY, 2021.

Members:

Name: ANTHONY DEO Percent 99 %

X

Address 3 SADDLE RIDGE ROAD, OLD WESTBURY, NY 11568

Name SARA DEO Percent 1 %

X

Address 3 SADDLE RIDGE ROAD, OLD WESTBURY, NY 11568




**EXHIBIT 1**  
**LISTING OF MANAGERS**

By a majority vote of the Members the following Managers were elected to operate the  
Company  
pursuant to ARTICLE 4 of the Agreement:

ANTHONY DEO  
Printed Name  
Chief Executive Manager

The above listed Manager(s) will serve in their capacities until they are removed for any reason  
by a majority vote of the Members as defined by ARTICLE 4 or upon their voluntary resignation.

Signed and Agreed this 15 day of FEBRUARY, 2021\_\_\_\_\_.

  
\_\_\_\_\_  
Signature of Member Signature of Member

  
\_\_\_\_\_  
Signature of Member Signature of Member

**Non Personal Signature Card**

Date: 3/15/23

|                      |   |   |                                      |  |
|----------------------|---|---|--------------------------------------|--|
| <b>Business Name</b> |   | <b>Northshore Motor Leasing LLC</b>         | <b>Tax ID</b>                        |  |
| <b>Address</b>       |   | <b>180 Michael Drive, Syosset, NY 11791</b> |                                      |  |
| <b>Reference #</b>   | <b>Account Title / Account Subtitle</b> |   | <b>Account #<br/>(Bank Use Only)</b> |  |
| (1) 2023031501       | Northshore Motor Leasing LLC            |   | 8362                                 |  |
| (2)                  |   |   |                                      |  |
| (3)                  |   |   |                                      |  |
| (4)                  |   |   |                                      |  |
| (5)                  |   |   |                                      |  |

☐ Check this box if additional Accounts are to be opened and are listed on additional pages.

The undersigned agree to the by-laws and the rules and regulations of Flushing Bank ("the Bank"), to any future amendments and additions to them, and to any laws and regulations binding on the Bank. The undersigned acknowledge receipt and review of the Bank's disclosures statement and Privacy Notice and agree to the terms and conditions governing this account;

The undersigned authorize the Bank to investigate credit and employment history and obtain reports from consumer reporting agency (ies) on them as individuals. Except as provided by law or another agreement, each of the undersigned is authorized to make withdrawals from the account(s)

The undersigned agree that the Bank is authorized and empowered to charge this account for any loan or other indebtedness the Business owes to the Bank. In order to make payment on each withdrawal, check or Money Order, the Bank will require such authorized signatures as are appropriate, based on this and any other agreements or instructions the Bank has on file.

**CERTIFICATION:** Under penalty of perjury, I certify (1) that the number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), (2) that I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, (3) that I am a U.S. citizen or other U.S. person; and (4) that the FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**CERTIFICATION INSTRUCTIONS:** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. You are not required to sign the Certification for mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends. (Also see Part 3 of W-9 instructions or similar disclosure).

**CERTIFICATION:** The undersigned certify that all account opening information provided is accurate and complete. **Exemption from FATCA Reporting Code:** \_\_\_\_\_

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal Law requires us to obtain sufficient information to verify your identity. We may ask you several questions and we may require one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our Privacy Policy and Federal Law.

|  |                  |   |                    |  |
|--|------------------|---|--------------------|--|
| <b>Signer # 1</b><br>(Individual Owner if Sole Proprietorship) | <b>Full Name</b> |   | <b>Signature</b>   |  |
|  | Anthony Deo      |   | X                  |  |
|  | <b>Date</b>      | <b>Reference #</b>  | <b>Reference #</b> |  |
|  | 3/16/23          | <input checked="" type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 |                    |  |
| <b>Signer # 2</b><br>(Non-Owner if Sole Proprietorship)        | <b>Full Name</b> |   | <b>Signature</b>   |  |
|  |                  |   | X                  |  |
|  | <b>Date</b>      | <b>Reference #</b>  | <b>Reference #</b> |  |
|  |                  | <input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5            |                    |  |
| <b>Signer # 3</b><br>(Non-Owner if Sole Proprietorship)        | <b>Full Name</b> |   | <b>Signature</b>   |  |
|  |                  |   | X                  |  |
|  | <b>Date</b>      | <b>Reference #</b>  | <b>Reference #</b> |  |
|  |                  | <input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5            |                    |  |
| <b>Signer # 4</b><br>(Non-Owner if Sole Proprietorship)        | <b>Full Name</b> |   | <b>Signature</b>   |  |
|  |                  |   | X                  |  |
|  | <b>Date</b>      | <b>Reference #</b>  | <b>Reference #</b> |  |
|  |                  | <input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5            |                    |  |
| <b>Signer # 5</b><br>(Non-Owner if Sole Proprietorship)        | <b>Full Name</b> |   | <b>Signature</b>   |  |
|  |                  |   | X                  |  |
|  | <b>Date</b>      | <b>Reference #</b>  | <b>Reference #</b> |  |
|  |                  | <input type="checkbox"/> All <input type="checkbox"/> 1 <input type="checkbox"/> 2<br><input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5            |                    |  |

☐ Check this box if additional Signers are listed on additional pages.

This Signature Card supersedes and terminates the Signature Card dated \_\_\_\_\_ and any related Signature Card Addendums.



**FLUSHING**  
Bank**Resolution of Authority | Flushing Bank**☒ New ☐ ChangeAccount Title: Northshore Motor Leasing LLC  
Entity Address: 180 Michael Drive, Syosset, NY 11781TDN Number: [REDACTED]  
Telephone Number: 516-228-1400

The individual(s) signing this Resolution hereby certifies to Flushing Bank, ("Bank") that the Entity is (check one):

- ☐ a Sole Proprietorship owned entirely by the individual signing this Resolution a duly formed and valid existing
- ☐ a General Partnership
- ☐ a Limited Partnership,
- ☐ a Service Award Trust organized by the Trustees of the \_\_\_\_\_ of \_\_\_\_\_, and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of its records
- ☐ a Limited Liability Partnership organized under the laws of the state of \_\_\_\_\_, and that the individuals signing this Resolution constitute all of the general partners of the partnership
- ☐ a Corporation duly organized and in good standing under the laws of the state of \_\_\_\_\_, and that the individual signing this Resolution is its secretary or assistant secretary and the keeper of the records and corporate seal, if any;
- ☐ an Unincorporated Association or Organization and that the individuals signing this Resolution is the keeper of the records and seal, if any;
- ☒ a Limited Liability Company organized under the laws of the state of NY and that the individuals signing this Resolution constitute all of the members or managers, as appropriate of the company.

The following is a true and correct copy of the resolutions adopted by the Entity, such resolutions are now in full force and effect.

**Depository and Withdrawal Authorization**

RESOLVED, that Bank is designated a depository in which the funds of the Entity may be deposited and/or withdrawn by any (indicate number) 1 of the persons listed below in the manner so designated, subject to Bank's deposit account agreement as the same may be amended from time to time. The persons listed are authorized to endorse for collection, deposit, or negotiation, any and all checks, drafts, notes, bills of exchange, certificates of deposit, and orders for the payment or transfer of money between account at Bank and other banks, either belonging to or coming into the possession of the Entity. Endorsements "for deposit" may be written or stamped. Bank may accept any instruments for deposit to any depository account of the Entity without endorsement or may supply the endorsement of the Entity. The persons so designated are authorized to sign any and all checks, drafts, and orders drawn against any designated accounts of the Entity (including saving accounts) at Bank. Bank is authorized to honor and pay all checks, drafts, and orders when so signed or endorsed without inquiry as to the circumstances of issue or disposition of the proceeds and regardless of to whom such instruments are payable or endorsed, including those drawn or endorsed to the individual order of any such person listed, even if doing so causes or increases an overdraft.

| PRINT NAME:        | TITLE:        | PRINT NAME: | TITLE: |
|--------------------|---------------|-------------|--------|
| <u>Anthony Dee</u> | <u>Member</u> |             |        |
|                    |               |             |        |
|                    |               |             |        |
|                    |               |             |        |

**Signing Authorization**

RESOLVED, that any 1 of the persons indicated above is authorized to act for and on behalf of the Entity in any matter involving any of the Entity's depository accounts at Bank, including the authority to instruct Bank to close the account, to give instructions by means other than the signing of any item with respect to account transactions such as those initiated via electronic debit, payment, wire transfer, or other withdrawal of funds by computer, electronic or other technologic means, and is further authorized to sign and implement for and in the name on behalf of the Entity, as they, or any of them see fit, the agreements, instructions, drafts, orders, certificates, or other documents relating to any depository accounts or other business of the Entity including, but not limited to payroll agreements, repurchase agreements, night depository agreements, funds transfer agreements, agreement for automated clearinghouse services, agreements for online services, and/or safe deposit agreements.

**Borrowing Authorization**

RESOLVED, that any 1 of the persons indicated below is authorized to act for and on behalf of the Entity to borrow money and to obtain credit for the Entity from Bank on such terms as may seem to advisable and to make and deliver notes, drafts, acceptances and any other obligations of the Entity therefore, instruments of guarantee and of indemnity, agreements and contracts, all in form satisfactory to Bank, and, as security therefor, to grant a security interest in and to assign, transfer, hypothecate, mortgage, pledge, trustee, withdraw, exchange and substitute any stocks, bonds, securities, mortgages, bills and accounts, bills of lading, warehouse receipts, goods, insurance policies, certificates or any other property of every nature and description held by or belonging to the Entity, with full authority to endorse, assign or guarantee the same in the name of the Entity; to execute and deliver security agreements and all instruments of assignment, transfer, hypothecation, mortgage, pledge and trust, to sell or discount with or without recourse any bills receivable or any other paper, whether or not negotiable, held by the Entity; to subordinate and assign any obligations and debts owed to the Entity by another or others, and in connection therewith, to execute and deliver instruments of subordination and assignment in form satisfactory to Bank, to authorize and request Bank to purchase, sell, deliver or exchange for the account of the Entity stocks, bonds, certificates of deposit or other securities, and foreign exchange or the proceeds thereof; and to execute and deliver all instruments, agreements and contracts required by Bank in connection with any matters herein contained or in connection with any services, of whatever nature or description, to be provided by Bank to the Entity.

| PRINT NAME:        | TITLE:        | PRINT NAME: | TITLE: |
|--------------------|---------------|-------------|--------|
| <u>Anthony Dee</u> | <u>Member</u> |             |        |
|                    |               |             |        |
|                    |               |             |        |
|                    |               |             |        |

**Service Award Trust Authorization**

RESOLVED that Bank may draw periodic checks from its central issue check account, which will be funded, as required, through a charge to any of the Entity's depository accounts with Bank, to pay the entitlement award to eligible participants as directed by an account signer authorized by the Entity. These payments will not change and will continue until Bank is instructed otherwise by the Entity.

**Further Authorization**

BE IT FURTHER RESOLVED that the secretary or assistant secretary (if a corporation or unincorporated association), the sole owner/proprietor (if a sole proprietorship), any member or manager, as appropriate (if a limited liability company), or any general partner (if a partnership) is authorized to certify to the Bank the name, title, specimen signature and facsimile signature with respect to any additions or deletions of persons authorized to carry out the purposes and intent of these resolutions and that this resolution shall remain in full force and effect until express written notice of rescission or modification is received by the Bank. If the authority contained herein should be revoked or terminated by operation of law or any other reason without such notice, it is resolved that the Bank shall be indemnified and saved harmless from any and all losses suffered or liabilities incurred by it so acting after such revocation or termination without notice.

IN WITNESS WHEREOF, the undersigned has hereunder subscribed his/her name(s) and affixed the seal, if any, of the Entity this 16 day of MARCH, 2023For a Service Award Trust, Corporation or  
Unincorporated Association or Organization:

For Sole Proprietorship

For Partnership (all general partners must sign)/  
For Limited Liability Company (all members must sign)

Secretary

Owner/Sole Proprietor

Partner/Member-Manager

☐ THIS IS A NOT-FOR-PROFIT BUSINESS

Partner/Member-Manager

This Resolution supersedes and terminates the resolution dated \_\_\_\_\_.

Rev. 02/2023

FLUSHING07243

## Certification of Beneficial Owner(s)

### Legal Entity Information For a Deposit/Loan Account

a. Name of Legal Entity: Northshore Motor Leasing LLC Type: LLC

b. Physical Address of Legal Entity: 180 Michael Drive, Syosset, NY 11791 Tax ID #: [REDACTED]

c. Name of Individual Opening the Account: Anthony Deo Title: Member

### Ownership Information

- d. • List each individual or entity who directly or indirectly, through any contract, arrangement, understanding, relationship or otherwise, owns 25% or more of the equity interests of the Legal Entity listed above.  
• If an individual's aggregate ownership is 25% or more, even if the entity owns less than 25%, it should be listed.

| Name of Individual or Entity | % of Ownership | Name of Individual or Entity | % of Ownership |
|------------------------------|----------------|------------------------------|----------------|
| <u>Anthony Deo</u>           | <u>99%</u>     |                              |                |
|                              |                |                              |                |

☐ If checked, ownership % is less than 25% and will be blank.

e. Beneficial Owner Detail.

- For natural persons listed in (d) record the following information:
- Explain below any layers of Beneficial Ownership by listing natural persons who own entities noted in (d). Only list individuals if their equity ownership is 25% or more of the Legal Entity opening the account.

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| Beneficial Owner #1: <u>Anthony Deo</u>                   |                                   | Name of Entity: <u>Northshore Motor Leasing LLC</u>                |  |
| % of Ownership: <u>99%</u>                                | Date of Birth: <u>[REDACTED]</u>  | Title: <u>Member</u>   |  |
| Address: <u>3 Saddle Ridge Rd, Old Westbury, NY 11568</u> |                                   | For U.S. Persons<br>Social Security #: <u>[REDACTED]</u>           |  |
| Driver's License # or Other ID: <u>[REDACTED]</u>         |                                   | For Non-U.S. Persons<br>Passport # or other ID*: <u>[REDACTED]</u> |  |
| Issuing State or Country of ID: <u>New York</u>           |                                   | ID Expiration Date: <u>[REDACTED]</u>                              |  |
| Beneficial Owner #2: _____                                |                                   | Name of Entity: _____  |  |
| % of Ownership: _____                                     | Date of Birth: ____ / ____ / ____ | Title: _____   |  |
| Address: _____  |                                   | For U.S. Persons<br>Social Security #: _____                       |  |
| Driver's License # or Other ID: _____                     |                                   | For Non-U.S. Persons<br>Passport # or other ID*: _____             |  |
| Issuing State or Country of ID: _____                     |                                   | ID Expiration Date: ____ / ____ / ____                             |  |
| Beneficial Owner #3: _____                                |                                   | Name of Entity: _____  |  |
| % of Ownership: _____                                     | Date of Birth: ____ / ____ / ____ | Title: _____   |  |
| Address: _____  |                                   | For U.S. Persons<br>Social Security #: _____                       |  |
| Driver's License # or Other ID: _____                     |                                   | For Non-U.S. Persons<br>Passport # or other ID*: _____             |  |
| Issuing State or Country of ID: _____                     |                                   | ID Expiration Date: ____ / ____ / ____                             |  |



## Certification of Beneficial Owner(s)

| Ownership Information Continued                     |   |
|---|---|
| Beneficial Owner #4: _____                          | Name of Entity: _____   |
| % of Ownership: _____ Date of Birth: ____/____/____ | Title: _____  |
| Address: _____                                      | <b>For U.S. Persons</b><br>Social Security #: _____           |
| Driver's License # or Other ID: _____               | <b>For Non-U.S. Persons</b><br>Passport # or other ID*: _____ |
| Issuing State or Country of ID: _____               | ID Expiration Date: ____/____/____                            |

### Management Information

This section cannot be left blank. If the individual is already listed in (a), only Name and Title must be recorded.

f. Provide information for one individual with significant responsibility for managing the Legal Entity such as:

- ☒ An executive officer or senior manager (e.g. Chief Executive Officer, Chief Financial Officer, Chief Operating Officer, Managing Member, General Partner, President, Vice President, Treasurer); or
- ☐ Any other individual who regularly performs similar functions.

Name: Anthony Deo Title: Member

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Driver's License # or Other ID: \_\_\_\_\_ ID Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For U.S. Persons**  
Social Security #: \_\_\_\_\_

**For Non-U.S. Persons**  
Passport # or other ID and Country of Issuance\*: \_\_\_\_\_

### Certification

I, (name of natural person opening account), hereby certify to the best of my knowledge that the information provided above is complete and correct. I agree to notify the bank of any change in such information.

Name: Anthony Deo Signature: X Date: 3/16/23

### Recertification

#### Recertification – 1<sup>st</sup>

I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.

Name: \_\_\_\_\_ Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Recertification – 2<sup>nd</sup>

I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.

Name: \_\_\_\_\_ Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Recertification – 3<sup>rd</sup>

I hereby certify the information above is complete and correct as of this date and agree to notify the Bank of changes.

Name: \_\_\_\_\_ Signature: X Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Bank Use Only Upon Initial Certification

|                                     |                           |                                    |
|-------------------------------------|---------------------------|------------------------------------|
| Accepted by: <u>X Robert Puccio</u> | Date: <u>3/16/23</u>      | Master Deposit Account #: <u>2</u> |
| Print: <u>Robert Puccio</u>         | Cost Center #: <u>455</u> | Master Loan #: _____               |

\*In lieu of a passport number, Non-U.S. persons may also provide an alien identification card number, or number and country of issuance of any other government issued document evidencing nationality or residence and bearing a photograph or similar safeguard.

## Account Signer Profile

Date: 3/15/23

☒ Business ☐ Personal

### Business Information

|               |                              |        |            |
|---------------|------------------------------|--------|------------|
| Business Name | Northshore Motor Leasing LLC | Tax ID | [REDACTED] |
|---------------|------------------------------|--------|------------|

**IMPORTANT ACCOUNT OPENING INFORMATION:** Federal Law requires us to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm the information. The information you provide is protected by our Privacy Policy and Federal Law.

A Secondary ID # is not required for a business account.

|            |             |                                  |                                    |
|------------|-------------|----------------------------------|------------------------------------|
| First Name | Middle Name | Last Name                        | Occupation                         |
| Anthony    |             | Deo                              | Owner of Northshore Motor Leasing  |
| SSN        | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
| [REDACTED] | [REDACTED]  | [REDACTED]                       |                                    |

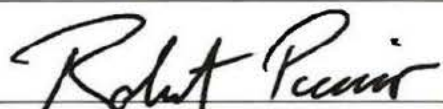
|   |            |                |                      |
|---|------------|----------------|----------------------|
| Street / City / State / Zip               |            |                | Mother's Maiden Name |
| 3 Saddle Ridge Rd, Old Westbury, NY 11568 |            |                |                      |
| Email                                     | Home Phone | Business Phone | Cell Phone           |
| anthonyd@northshoremotors1.com            | N/A        | 516-226-1400   | 516-509-1668         |

|                             |             |                                  |                                    |
|-----------------------------|-------------|----------------------------------|------------------------------------|
| First Name                  | Middle Name | Last Name                        | Occupation                         |
|                             |             |                                  |                                    |
| SSN                         | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
|                             |             |                                  |                                    |
| Street / City / State / Zip |             |                                  | Mother's Maiden Name               |
|                             |             |                                  |                                    |
| Email                       | Home Phone  | Business Phone                   | Cell Phone                         |
|                             |             |                                  |                                    |

|                             |             |                                  |                                    |
|-----------------------------|-------------|----------------------------------|------------------------------------|
| First Name                  | Middle Name | Last Name                        | Occupation                         |
|                             |             |                                  |                                    |
| SSN                         | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
|                             |             |                                  |                                    |
| Street / City / State / Zip |             |                                  | Mother's Maiden Name               |
|                             |             |                                  |                                    |
| Email                       | Home Phone  | Business Phone                   | Cell Phone                         |
|                             |             |                                  |                                    |

|                             |             |                                  |                                    |
|-----------------------------|-------------|----------------------------------|------------------------------------|
| First Name                  | Middle Name | Last Name                        | Occupation                         |
|                             |             |                                  |                                    |
| SSN                         | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
|                             |             |                                  |                                    |
| Street / City / State / Zip |             |                                  | Mother's Maiden Name               |
|                             |             |                                  |                                    |
| Email                       | Home Phone  | Business Phone                   | Cell Phone                         |
|                             |             |                                  |                                    |

|                             |             |                                  |                                    |
|-----------------------------|-------------|----------------------------------|------------------------------------|
| First Name                  | Middle Name | Last Name                        | Occupation                         |
|                             |             |                                  |                                    |
| SSN                         | DOB         | Primary ID # and Expiration Date | Secondary ID # and Expiration Date |
|                             |             |                                  |                                    |
| Street / City / State / Zip |             |                                  | Mother's Maiden Name               |
|                             |             |                                  |                                    |
| Email                       | Home Phone  | Business Phone                   | Cell Phone                         |
|                             |             |                                  |                                    |

| For Bank Use Only |   |  |
|-------------------|---|--|
| Account Number(s) | Information Obtained By<br>(Print Name) | Signature  |
| [REDACTED] 2      | Robert Puccio                           |  |

By completing and signing this form, I hereby certify, to the best of my knowledge, the information provided to me by the customer is complete and accurate.  
 Rev. 9/17 Page of





## Business Profile

Reference #: 2023031501

Date: 3/15/23

| Business Details  |                                   |  |  |
|---|-----------------------------------|--|--|
| <b>1. Entity Name</b><br>Northshore Motor Leasing LLC   |                                   | <b>2. Origination Branch</b><br>455  | <b>3. Servicing Branch</b><br>25   |
| <b>4. Alternate Business Address (Offsite use only)</b>   |                                   | <b>5. Alternate Business Phone Number (Offsite Use Only)</b>   |  |
| <b>6. Account Type:</b><br><input type="checkbox"/> CD <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Loan<br><input type="checkbox"/> Money Market <input type="checkbox"/> Savings <input type="checkbox"/> Escrow <input type="checkbox"/> Other<br><input type="checkbox"/> Compensating Balance Savings   |                                   | <b>7. Brief Description of Business</b><br><b>Used Auto Dealer</b>   |  |
| <b>8. Check off the business type(s), as applicable (multiple types may apply)</b><br><input type="checkbox"/> Foreign Business <input type="checkbox"/> Convenience Store <input type="checkbox"/> Restaurant <input type="checkbox"/> Professional Service Provider (e.g. attorneys, accountants, doctors, investment brokers or real estate brokers, and other third party, especially those that act as financial liaisons for their clients)<br><input type="checkbox"/> Retail Store <input type="checkbox"/> Cigarette Distributor <input type="checkbox"/> Liquor Store<br><input type="checkbox"/> Parking Garage <input type="checkbox"/> Antiques Dealer <input type="checkbox"/> Arts Dealer<br><input type="checkbox"/> Leather Dealer <input type="checkbox"/> Lottery Agent<br><input type="checkbox"/> Deals in Precious Metals, Stones and Jewels (complete separate profile)<br><input type="checkbox"/> Non-Bank Financial Institution (NBFI) (e.g. brokers, dealer in securities)<br>If checked, specify: |                                   |  |  |
| <b>9. Contact Name</b><br><b>Anthony Deo</b>  | <b>10. Tax ID #</b><br>[REDACTED] | <b>11. TIN Applied For</b><br>(indicate only if #10 is blank)<br><input type="checkbox"/> Yes<br><input type="checkbox"/> No | <b>12. Home Based</b><br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No   |
| <b>13. Type of Account Ownership</b><br><input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input checked="" type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Trust<br><input type="checkbox"/> Attorney Escrow <input type="checkbox"/> IOLA <input type="checkbox"/> Unincorporated Assoc/Club <input type="checkbox"/> Other Escrow <input type="checkbox"/> Other  |                                   |  |  |
| <b>14. Source of assets funding the account</b><br><input checked="" type="checkbox"/> Business Income <input type="checkbox"/> Inheritance <input type="checkbox"/> Sale of Assets <input type="checkbox"/> Sale of Property <input type="checkbox"/> Savings <input type="checkbox"/> Wages <input type="checkbox"/> Other  |                                   |  |  |
| <b>15. Account Usage</b><br><input checked="" type="checkbox"/> General <input type="checkbox"/> Payroll <input type="checkbox"/> Other   |                                   | <b>16. Monthly Revenue</b><br>\$<br>2.4 MM   | <b>17. Does the business have other accounts with Flushing Bank?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <b>18. Names of Major Suppliers/Vendors</b><br>cars.com, Northside Imports, Concord Auto  |                                   | <b>19. Names of Major Customers</b><br>General Public  |  |

| Current and Prior Banking Relationships              |                                 |   |
|--|---------------------------------|---|
| <b>Current Bank(s) for the Business</b><br>Signature |                                 | <b>Products/Services Used</b><br>DDA, online access |
| <b>Checking Average \$</b><br>1000,000               | <b>Savings Average \$</b><br>NA | <b>Investment Average \$</b><br>NA                  |
| <b>Borrowing Purpose</b><br>renovations              |                                 | <b>Borrowing Terms</b><br>P&I                       |

| Relationship Contact   |  |   |
|--|--|---|
| <b>Relationship Manager's Name</b> Robert Puccio   |  |   |
| Money Service Business (MSB) and Prohibited Businesses   |  |   |
| I have verified with the customer the entity is not operating any of the following businesses, prohibited by Flushing Bank Policy <div style="float: right; text-align: right;"> <b>RP</b><br/>             Banker's Initials           </div> |  |   |
| Adult Entertainment Businesses<br>Armored Car Services<br>Arms Dealers<br>ATM Operators – Primary Business<br>BIT Coin Dealer (virtual currency)<br>Check Cashers or other Primary Money Service Businesses                                    | Correspondent Accounts<br>Consulates, Embassies, UN Related/Foreign - Government Related Entities<br>Gambling Establishments<br>Pawn Brokers<br>Store Value Card Distributors/Dealers (not retail stores that sell them) | Payday Lenders<br>Unlicensed MSB/informal loan society accounts<br>Vending Machine Operators<br>Marijuana Related Businesses (Complete Specialized Banking eForm with the prospect) |

| Flushing Bank Borrowing Relationship   |
|--|
| <b>Does the customer have a lending relationship and appraisal on file?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "yes" indicate loan number |



## Business Profile

|   |                               |                     |
|---|-------------------------------|---------------------|
| <b>Business Name</b> Northshore Motor Leasing LLC | <b>Reference #</b> 2023031501 | <b>Date</b> 3/15/23 |
|---|-------------------------------|---------------------|

**Additional Information Continued**

**10. Is the entity an NGO, NPO, charity, endowment or foundation?** ☐ Yes ☒ No *If No, skip section #10*

*NGOs are private nonprofit organizations that pursue activities intended to serve the public good. An NGO can be any nonprofit organization that is independent from government. NGOs can range from large regional, national, or international charities to community-based self-help groups. NGOs also include research institutes, churches, professional associations, and lobby groups. NGOs typically depend, in whole or in part, on charitable donations and voluntary service for support.*

a) What does the charter of the Organization state as the primary purpose?

☐ Education

☐ Religious

☐ Community Service

☐ Social Services

☐ Other, please describe:

b) Does the entity issue any loans to individuals and/or businesses? ☐ Yes ☐ No

c) Does the entity expect to deposit third party checks? ☐ Yes ☐ No

d) Does the entity cash checks or exchange currency for any individual on any day in one or more transactions? ☐ Yes ☐ No

**If the answer is "Yes" to b, c, or d above, DO NOT open the account.**

e) Is the entity incorporated in New York? ☐ Yes ☐ No

e.1) If not, did you obtain a copy of the Certificate of Corporate Status? ☐ Yes ☐ No

f) What geographic location(s) does the entity serve?

g) Does the entity have any related organizations in or outside of the branch market area? ☐ Yes ☐ No

h) How are the organizations related?

i) Does the entity have any affiliation with other NGOs, government, other groups? ☐ Yes ☐ No

If so, please list:

j) Do the anticipated deposits represent the entity's stated objectives? ☐ Yes ☐ No

k) Do the anticipated disbursements represent the entity's stated beneficiaries? ☐ Yes ☐ No

l) To whom will the entity's funds be disbursed?

m) How are the beneficiaries selected?

n) Does the NGO have a website? ☐ Yes ☐ No

n.1) If yes, enter the URL: \_\_\_\_\_

o) Is the website for members only? ☐ Yes ☐ No

o.1) Is the website open to accept donations or contributions by the public using credit cards? ☐ Yes ☐ No

o.2) If yes, list the entity's credit card processor: \_\_\_\_\_

p) If donations are open to the public, are there International contributors? ☐ Yes ☐ No

p.1) If yes, please list any major international contributors:

q) How does the entity receive its funding? (check all that apply)

☐ Private Contributions

☐ Corporate Contributions

☐ Community Groups

☐ Government Entities

☐ Fund Raisers

☐ Sponsors

☐ Dues

☐ Other, please describe

r) What are the past, present and planned activities for the organization?

s) Does the entity receive funding from any governmental entity or organization located outside of the U.S? ☐ Yes ☐ No

If yes, please provide the following information:

s.1) Name of Government Entity or Organization:

s.2) Location:

s.3) Purpose of Funds:

t) Is the entity tax exempt under Internal Revenue Code? ☐ Yes ☐ No

t.1) If yes, under what IRC section?

u) Estimated Gross Annual Revenue \$

v) How many employees does the entity have?







## Business Profile

### Notes

Complete this section if additional space is needed to answer any questions above.

### For Bank Use Only

By completing and signing this form, I hereby certify, to the best of my knowledge, the information provided to me by the customer is complete and accurate.

| Account Number   | Information Obtained By<br>(Print Name) | Signature   |
|--|---|---|
|  8362 | Robert Puccio                           |  |





Tony Urrutia <tonyu814@gmail.com>

**FW: 8085 Superb Motors Inc. - Potential Double Floorings 2.22.2023**

19 messages

**Alysia Cayer** <alysia@teamauto.com>

To: anthony deo <anthonyd@northshoremotors1.com>, "tonyu814@gmail.com" <tonyu814@gmail.com>

NMAC is reaching out again today about these cars that are still on your Next Gear Floorplan. Only two were taken care of.

These need to be paid off immediately. These cars are now flagged and if we don't have the titles in house by the next audit they are going to make us pay them off.

Thank you

*Alysia Cayer*

Chief Financial Officer

Team Auto Group

P) 860-590-8010

F) 860-362-8080



Hello,

The below 6 units are showing on today's VXC report. The NMAC floor date has been added for your reference.

Please follow up with the dealership to resolve the potential double floorings. Let us know if you have any questions.

Thank you.

| Floored Dealer | Floored Dealer Name | Floored (Y/N) | Days Double Floored | NMAC Floor Date | VIN               | Year | Manufacture   | Model     | Record Date |
|----------------|---------------------|---------------|---------------------|-----------------|-------------------|------|---------------|-----------|-------------|
| 8085           | SUPERB MOTORS INC.  | Y             | 14                  | 2/7/2023        | WA1LAAF74JD052689 | 2018 | AUDI          | Q7        | 12/2/2023   |
| 8085           | SUPERB MOTORS INC.  | Y             | 14                  | 2/7/2023        | 55SWF8EB2KU290410 | 2019 | MERCEDES-BENZ | C-CLASS   | 1/20/2024   |
| 8085           | SUPERB MOTORS INC.  | Y             | 14                  | 2/7/2023        | WAUJ8GFF3J1059635 | 2018 | AUDI          | A3 QUATT  | 12/2/2023   |
| 8085           | SUPERB MOTORS INC.  | Y             | 14                  | 2/7/2023        | WDDWJ8EBXKF826568 | 2019 | MERCEDES-BENZ | C-CLASS   | 12/2/2023   |
| 8085           | SUPERB MOTORS INC.  | Y             | 15                  | 2/6/2023        | ZAM57YTA4K1314330 | 2019 | MASERATI      | GHIBLI    | 1/20/2024   |
| 8085           | SUPERB MOTORS INC.  | Y             | 15                  | 2/6/2023        | 4JGDA5HB8GA763143 | 2016 | MERCEDES-BENZ | GLE CLASS | 1/20/2024   |

**Nancy Lozon** | Special Credit | Nissan Motor Acceptance Company, LLC | Mobile +1 682-261-4960 | Fax: +1 972-607-7278

Hello,

Below are the 8 units showing for 8085 Superb Motors, Inc. from today's double floored report.

The NMAC floor date has been added for your reference.

If they were the sellers, please pay NMAC off. If they are the buyers, please verify they have the titles or expect them in a day or two

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Thank you

| Floored Dealer # | Floored Dealer Name | Floored (Y/N) | Days Double Floored | NMAC Floor Date | VIN               | Year | Manufacturer  | Model  |
|------------------|---------------------|---------------|---------------------|-----------------|-------------------|------|---------------|--------|
| 8085             | SUPERB MOTORS INC.  | Y             | 9                   | 2/7/2023        | WDDWJ8EBXKF826568 | 2019 | MERCEDES-BENZ | C-CLA  |
| 8085             | SUPERB MOTORS INC.  | Y             | 9                   | 2/7/2023        | WAUJ8GFF3J1059635 | 2018 | AUDI          | A3 QU  |
| 8085             | SUPERB MOTORS INC.  | Y             | 9                   | 2/7/2023        | WA1LAAF74JD052689 | 2018 | AUDI          | Q7     |
| 8085             | SUPERB MOTORS INC.  | Y             | 10                  | 2/6/2023        | 1C4PJMDX1KD463867 | 2019 | JEEP          | CHERK  |
| 8085             | SUPERB MOTORS INC.  | Y             | 9                   | 2/7/2023        | 55SWF8EB2KU290410 | 2019 | MERCEDES-BENZ | C-CLA  |
| 8085             | SUPERB MOTORS INC.  | Y             | 10                  | 2/6/2023        | 1FTEW1E45LFB57014 | 2020 | FORD          | F-150  |
| 8085             | SUPERB MOTORS INC.  | Y             | 10                  | 2/6/2023        | 4JGDA5HB8GA763143 | 2016 | MERCEDES-BENZ | GLE CL |
| 8085             | SUPERB MOTORS INC.  | Y             | 10                  | 2/6/2023        | ZAM57YTA4K1314330 | 2019 | MASERATI      | GHIBL  |

*Sincerely,***Nancy Lozon**

Dealer Workout Analyst

Special Credit

Nissan Group of North America

Mobile: +682-261-4960

Fax: +1-972-607-7278

---

**NISSAN**  
GROUP OF NORTH AMERICA

Alysia Cayer &lt;alysia@teamauto.com&gt;

To: "tonyu814@gmail.com" &lt;tonyu814@gmail.com&gt;, Bruce Novicky &lt;bruce@teamauto.com&gt;

FYI- Just so you know what I said to Joe.

Thank you

*Alysia Cayer*

Chief Financial Officer

Team Auto Group

P) 860-530-8010

F) 860-362-8080



From: Bennetta, Joe &lt;Joe.Bennetta@nissan-usa.com&gt;

Sent: Thursday, February 23, 2023 9:57 AM

To: Alysia Cayer &lt;alysia@teamauto.com&gt;

Subject: Re: 8085 Superb Motors Inc. - Potential Double Floorings 2.22.2023

Thanks Alysia

Sent from my iPhone

**Joe Bennetta**

Financial Services Manager - Northeast Region

Nissan Motor Acceptance Company

Infiniti Financial Services

Nissan Group of North America

Phone: (609) 495-4834

[joe.bennetta@nissan-usa.com](mailto:joe.bennetta@nissan-usa.com)

On Feb 23, 2023, at 9:48 AM, Alysia Cayer <[alysia@teamauto.com](mailto:alysia@teamauto.com)> wrote:

---

**This Message Is From an External Sender**

This message came from outside your organization.

Good Morning Joe, just reached out to the seller again to pay them off.

Thank you

*Alysia Cayer*

Chief Financial Officer

Team Auto Group

P) 860-590-8010

F) 860-362-8080



---

**From:** Bennetta, Joe <[Joe.Bennetta@nissan-usa.com](mailto:Joe.Bennetta@nissan-usa.com)>**Sent:** Thursday, February 23, 2023 9:44 AM**To:** Alysia Cayer <[alysia@teamauto.com](mailto:alysia@teamauto.com)>**Subject:** Fwd: 8085 Superb Motors Inc. - Potential Double Floorings 2.22.2023

Hi Alysia. Can you look into these and advise

Sent from my iPhone

**Joe Bennetta**

Financial Services Manager - Northeast Region

Nissan Motor Acceptance Company

Infiniti Financial Services

Nissan Group of North America

Phone: (609) 495-4834

[joe.bennetta@nissan-usa.com](mailto:joe.bennetta@nissan-usa.com)



Begin forwarded message:

**From:** "Lozon, Nancy" <Nancy.Lozon@nissan-usa.com>  
**Date:** February 23, 2023 at 9:18:17 AM EST  
**To:** "Bennetta, Joe" <Joe.Bennetta@nissan-usa.com>, "Eirich, John" <eirichj@nmac.com>  
**Cc:** "Gilroy, Tim" <gilroyt@nmac.com>, "Beck, Jamie" <Jamie.Beck@nissan-usa.com>, "Jank, Allison" <Allison.Jank@nissan-usa.com>, "Broussard, Keeth" <BroussK@nmac.c  
**Subject:** RE: 8085 Superb Motors Inc. - Potential Double Floorings 2.22.2023

Hello,

The below 6 units are showing on today's VXC report. The NMAC floor date has been added for your reference.

Please follow up with the dealership to resolve the potential double floorings. Let us know if you have any questions.

Thank you.

| Floored Dealer | Floored Dealer Name | Floored (Y/N) | Days Double Floored | NMAC Floor Date | VIN               | Year | Manufacturer | Model     | Rec |
|----------------|---------------------|---------------|---------------------|-----------------|-------------------|------|--------------|-----------|-----|
| 8085           | SUPERB MOTORS INC.  | Y             | 14                  | 2/7/2023        | WA1LAAF74JD052689 | 2018 | AUDI         | Q7        |     |
| 8085           | SUPERB MOTORS INC.  | Y             | 14                  | 2/7/2023        | 55SWF8EB2KU290410 | 2019 | MERCEDES-BEN | C-CLASS   |     |
| 8085           | SUPERB MOTORS INC.  | Y             | 14                  | 2/7/2023        | WAUJ8GFF3J1059635 | 2018 | AUDI         | A3 QUATT  |     |
| 8085           | SUPERB MOTORS INC.  | Y             | 14                  | 2/7/2023        | WDDWJ8EBXKF826568 | 2019 | MERCEDES-BEN | C-CLASS   |     |
| 8085           | SUPERB MOTORS INC.  | Y             | 15                  | 2/6/2023        | ZAM57YTA4K1314330 | 2019 | MASERATI     | GHIBLI    |     |
| 8085           | SUPERB MOTORS INC.  | Y             | 15                  | 2/6/2023        | 4JGDA5HB8GA763143 | 2016 | MERCEDES-BEN | GLE CLASS |     |

Nancy Lozon | Special Credit | Nissan Motor Acceptance Company, LLC | Mobile +1 682-261-4960 | Fax: +1 972-607-7278

**From:** Lozon, Nancy  
**Sent:** Friday, February 17, 2023 1:45 PM  
**To:** Bennetta, Joe <Joe.Bennetta@nissan-usa.com>; Eirich, John <eirichj@NMAC.COM>  
**Cc:** Gilroy, Tim <gilroyt@NMAC.COM>; Beck, Jamie <Jamie.Beck@nissan-usa.com>; Jank, Allison <Allison.Jank@nissan-usa.com>; Broussard, Keeth <BroussK@NMAC.COM  
**Subject:** 8085 Superb Motors Inc. - Potential Double Floorings 2.17.2023

Hello,

Below are the 8 units showing for 8085 Superb Motors, Inc. from today's double floored report.

The NMAC floor date has been added for your reference.

If they were the sellers, please pay NMAC off. If they are the buyers, please verify they have the titles or expect them in a day or two

If they do not have the titles and do not know when they will get them, please have them remove them from their floor plan until they receive the titles.

Thank you

| Floored Dealer # | Floored Dealer Name | Floored (Y/N) | Days Double Floored | NMAC Floor Date | VIN               | Year | Manufacturer  |
|------------------|---------------------|---------------|---------------------|-----------------|-------------------|------|---------------|
| 8085             | SUPERB MOTORS INC.  | Y             | 9                   | 2/7/2023        | WDDWJ8EBXKF826568 | 2019 | MERCEDES-BENZ |
| 8085             | SUPERB MOTORS INC.  | Y             | 9                   | 2/7/2023        | WAUJ8GFF3J1059635 | 2018 | AUDI          |
| 8085             | SUPERB MOTORS INC.  | Y             | 9                   | 2/7/2023        | WA1LAAF74JD052689 | 2018 | AUDI          |
| 8085             | SUPERB MOTORS INC.  | Y             | 10                  | 2/6/2023        | 1C4PJMDX1KD463867 | 2019 | JEEP          |
| 8085             | SUPERB MOTORS INC.  | Y             | 9                   | 2/7/2023        | 55SWF8EB2KU290410 | 2019 | MERCEDES-BENZ |
| 8085             | SUPERB MOTORS INC.  | Y             | 10                  | 2/6/2023        | 1FTEW1E45LFB57014 | 2020 | FORD          |
| 8085             | SUPERB MOTORS INC.  | Y             | 10                  | 2/6/2023        | 4JGDA5HB8GA763143 | 2016 | MERCEDES-BENZ |
| 8085             | SUPERB MOTORS INC.  | Y             | 10                  | 2/6/2023        | ZAM57YTA4K1314330 | 2019 | MASERATI      |

Sincerely,

**Nancy Lozon**

Dealer Workout Analyst

Special Credit

Nissan Group of North America

Mobile: +682-261-4960

Fax: +1-972-607-7278

**NISSAN**  
GROUP OF NORTH AMERICA

## 4 attachments

image001.jpg  
5Kimage002.png  
20Kimage003.png  
26K**NISSAN**  
GROUP OF NORTH AMERICAimage004.gif  
4K

Alysia Cayer &lt;alysia@teamauto.com&gt;

To: anthony deo &lt;anthonyd@northshoremotors1.com&gt;, "tonyu814@gmail.com" &lt;tonyu814@gmail.com&gt;

Thu, Feb 23, 2023 at 10:49 AM

All six checks cleared Superbs bank account on February 10<sup>th</sup>. All proof is attached.

Amount due to NextGear is \$172,184.20

| LAST 6 | STK #  | CHK # | AMOUNT | WRITTEN | CLEARED | AMOUNT DUE TO NEXTGEAR |
|--------|--------|-------|--------|---------|---------|------------------------|
| 052689 | SU0944 | 11486 | 29725  | 8-Feb   | 10-Feb  | 28753.37               |
| 290410 | SU0909 | 11494 | 27700  | 8-Feb   | 10-Feb  | 28408.25               |
| 059635 | SU0945 | 11487 | 22245  | 8-Feb   | 10-Feb  | 21543.03               |
| 826568 | SU0943 | 11485 | 31955  | 8-Feb   | 10-Feb  | 30902.98               |
| 314330 | SU0912 | 11497 | 36085  | 8-Feb   | 10-Feb  | 36971.83               |
| 763143 | SU0906 | 11490 | 24955  | 8-Feb   | 10-Feb  | 25604.78               |
|        |        |       | 172665 |         |         | 172184.2               |

Thank you

*Alysia Cayer*

Chief Financial Officer

Team Auto Group

P) 860-590-8010














F) 860-362-8080





[Quoted text hidden]

13 attachments

-  **SUPERB BANK 021023.pdf**  
327K
-  **CK 11490 BACK.pdf**  
271K
-  **CK 11490.pdf**  
348K
-  **CK 11497 BACK.pdf**  
221K
-  **CK 11497.pdf**  
315K
-  **CK 11487 BACK.pdf**  
201K
-  **CK 11487.pdf**  
296K
-  **CK 11494 BACK.pdf**  
195K
-  **CK 11494.pdf**  
280K
-  **CK 11486 BACK.pdf**  
157K
-  **CK 11486.pdf**  
260K
-  **CK 11485 BACK.pdf**  
131K
-  **CK 11485.pdf**  
238K

Alysia Cayer <alysia@teamauto.com>

Thu, Feb 23, 2023 at 11:12 AM

To: anthony deo <anthonyd@northshoremotors1.com>, "tonyu814@gmail.com" <tonyu814@gmail.com>

There are an additional 4 cars still on Sunrise nextgear account. 2 checks have cleared. The other is a Rolls Royce just floored yesterday, check was overnighted yesterday and the other was a 2015 that I can't floor with NMAC due to age, check was overnighted on 2/21.

| LAST 6 | STK #  | CHK # | AMOUNT | WRITTEN | CLEARED | AMOUNT DUE TO NEXTGEAR |                |
|--------|--------|-------|--------|---------|---------|------------------------|----------------|
| 007004 | SU858  | 11484 | 17470  | 8-Feb   | 10-Feb  | 17013.23               |                |
| 102728 | SU0946 | 11488 | 189305 | 8-Feb   |         | 194515.2               | O/N 2/22       |
| t80171 | SU0908 | 11493 | 25770  | 8-Feb   | 22-Feb  | 26437.14               | O/N 2/17       |
| k68296 | SU0907 | 11496 | 19550  | 8-Feb   |         | 20084.66               | O/N 2/21 *2015 |
|        |        |       | 252095 |         |         | 258050.23              |                |

Thank you

Alysia Cayer

Chief Financial Officer

Team Auto Group

P) 860-590-8010

F) 860-362-8080



From: Alysia Cayer

Sent: Thursday, February 23, 2023 9:48 AM

To: anthony deo <anthonyd@northshoremotors1.com>; tonyu814@gmail.com

Subject: FW: 8085 Superb Motors Inc. - Potential Double Floorings 2.22.2023

Importance: High

NMAC is reaching out again today about these cars that are still on your Next Gear Floorplan. Only two were taken care of.

[Quoted text hidden]

**Alysia Cayer** <alysia@teamauto.com>  
To: anthony deo <anthonyd@northshoremotors1.com>, "tonyu814@gmail.com" <tonyu814@gmail.com>  
Cc: Bruce Novicky <bruce@teamauto.com>

Tue, Feb 28, 2023 at 2:45 PM

Following up because I don't see that the Mercedes Benz has been paid off of Sunrise Nextgear account.

Please let me know when this will be done.

They are going to start asking about the Rolls Royce as well shortly. Please let me know when that will be paid off.

Thank you

*Alysia Cayer*

*Chief Financial Officer*

*Team Auto Group*

*P) 860-590-8010*

*F) 860-362-8080*



---

**From:** Alysia Cayer  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** anthony deo <anthonyd@northshoremotors1.com>; tonyu814@gmail.com  
**Subject:** FW: 8085 Superb Motors Inc. - Potential Double Floorings 2.22.2023  
**Importance:** High

NMAC is reaching out again today about these cars that are still on your Next Gear Floorplan. Only two were taken care of.

[Quoted text hidden]

---

**Tony Urrutia** <tonyu814@gmail.com>  
To: Alysia Cayer <alysia@teamauto.com>

Tue, Feb 28, 2023 at 2:48 PM

I thought we didn't send the check for the rolls?

Best regards,

Tony Urrutia

Mobile 631 561-9807

Sent from my iPhone

On Feb 28, 2023, at 1:45 PM, Alysia Cayer <alysia@teamauto.com> wrote:

Following up because I don't see that the Mercedes Benz has been paid off of Sunrise Nextgear account.

Please let me know when this will be done.

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Thank you



Alysia Cayer

Chief Financial Officer

Team Auto Group

P) 860-590-8010

F) 860-362-8080

<image001.jpg>

---

**From:** Alysia Cayer

**Sent:** Thursday, February 23, 2023 9:48 AM

**To:** anthony deo <[anthonyd@northshoremotors1.com](mailto:anthonyd@northshoremotors1.com)>; tonyu814@gmail.com

**Subject:** FW: 8085 Superb Motors Inc. - Potential Double Floorings 2.22.2023

**Importance:** High

NMAC is reaching out again today about these cars that are still on your Next Gear Floorplan. Only two were taken care of.

These need to be paid off immediately. These cars are now flagged and if we don't have the titles in house by the next audit they are going to make us pay them off.

Thank you

Alysia Cayer

Chief Financial Officer

Team Auto Group

P) 860-590-8010

F) 860-362-8080

<image001.jpg>

Hello,

The below 6 units are showing on today's VXC report. The NMAC floor date has been added for your reference.

Please follow up with the dealership to resolve the potential double floorings. Let us know if you have any questions.

Thank you.

<image002.png>

**Nancy Lozon** | Special Credit | Nissan Motor Acceptance Company, LLC | Mobile +1 682-261-4960 | Fax: +1 972-607-7278

Hello,

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Thank you

<image003.png>

*Sincerely,*

**Nancy Lozon**

Dealer Workout Analyst  
Special Credit

Nissan Group of North America

Mobile: +682-261-4960

Fax: +1-972-607-7278

<image004.gif>

**anthony deo** <anthonyd@northshoremotors1.com>  
To: Alysia Cayer <alysia@teamauto.com>  
Cc: "Tonyu814@gmail.com" <Tonyu814@gmail.com>, Bruce Novicky <bruce@teamauto.com>

Tue, Feb 28, 2023 at 2:50 PM

I didn't receive the check for the rolls.

Mb I will do it tomorrow

**Anthony Deo**



**NORTHSHORE MOTORS**

**Chief Operating Officer.**

180 Michael Drive  
Syosset, NY 11791  
[www.NorthshoreMotors1.com](http://www.NorthshoreMotors1.com)  
Ph.516.226.1400

Admin  
This electronic message, including any and all attachments hereto, is intended solely to be used by the individual or entity to which it is addressed. It may contain information which is privileged, confidential and otherwise exempt by law from disclosure. If the reader of this message is not the intended recipient, or an employee or agent responsible for delivering this message to its intended recipient, you are herewith notified that any dissemination, distribution, copying or retention of this communication or the information contained herein is strictly prohibited. If you have received this communication in error, please notify us by telephone immediately and permanently delete the original and any copy or printout thereof - Thank you.

On Feb 28, 2023, at 2:45 PM, Alysia Cayer <alysia@teamauto.com> wrote:

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Thank you

*Alysia Cayer*

Chief Financial Officer

Team Auto Group

P) 860-590-8010

F) 860-362-8080

<image001.jpg>

**From:** Alysia Cayer  
**Sent:** Thursday, February 23, 2023 9:48 AM  
**To:** anthony deo <[anthonyd@northshoremotors1.com](mailto:anthonyd@northshoremotors1.com)>; [tonyu814@gmail.com](mailto:tonyu814@gmail.com)  
**Subject:** FW: 8085 Superb Motors Inc. - Potential Double Floorings 2.22.2023  
**Importance:** High

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Thank you

*Alysia Cayer*

*Chief Financial Officer*

*Team Auto Group*

*P) 860-590-8010*

*F) 860-362-8080*

<image001.jpg>

Hello,

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Thank you.

<image002.png>

**Nancy Lozon** | Special Credit | Nissan Motor Acceptance Company, LLC | Mobile +1 682-261-4960 | Fax: +1 972-607-7278

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<image003.png>